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Part 1. — Original Communications.

ARTICLE I.

Cholera Infantum. A paper read before the Central Wabash Medical Society.—By Dr. RITCHIE.

In the earlier part of my practice, (in the year 1838-9,) I saw much more Cholera Infantum than I have seen since. In our town, (Newtown,) in 1838, it caused from 10 to 15 deaths. This was a greater mortality, I believe, than was ever produced in that place, in the same length of time, by any other disease, or all other diseases together. Though I believe I was not charged with being less fortunate in its treatment than my neighbors, yet, honestly, my experience was truly sad. The destroyer entered my own dwelling and carried away my first-born, my only son.

As the name imports, this disease is the Cholera of Infants; or as it is more commonly called, perhaps, "the Summer Complaint" of children. The common subjects of this disease are children under two years of age. To circumscribe it still more, we might say its subjects are children from four to eighteen months of age; or its period of attack is the period

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of first dentition. And the mothers are very apt to let it run on, and sometimes, indeed, too often, to a fatal termination, because, (as they say) "the child is cutting teeth."

Symptoms.—This disease very often approaches gradually in the form of diarrhoea, until, suddenly, from some cause, and often without any perceivable cause, the child is seized with violent vomiting and frequent cramps, and watery discharges from the bowels. Sometimes, indeed very often, these violent symptoms make their appearance without any previous diarrhoea, or any other premonition of an approaching attack. In the more urgent cases of this kind, the extremities are cold, eyes sunken, urgent thirst, and great prostration: and unless the vomiting and purging can be arrested, the child may die within the first 24 hours. In less severe cases, occasional vomiting and purging may continue for several days; then the vomiting may cease, and the purging continue. In such cases there is apt to be some febrile excitement present, especially in the afternoon, showing that this too, if it is not truly of an intermittent character, is modified very considerably by that prevailing tendency of almost all the diseases of this section of the country, to periodicity; the purging regularly being more troublesome during the earlier part of the day. As the disease advances, the child emaciates more or less rapidly; it becomes more fretful and irritable, till, in extreme cases, coma approaches, and it dies under the symptoms of Hydrocephalus.

The character of the discharges from the bowels varies much in different cases, and at different periods of the same case. Sometimes they are whitish and frothy, and at others mixed with undigested portions of food, then again they are slimy and mucous, and in many cases bloody. With the mucous and bloody discharges there is very apt to be great pain, during, and for some minutes previous to each evacuation, attended in some cases, with most awful bearing down and

straining, showing extreme suffering. The green discharges, which are not uncommon, are by many considered billious. Some, I believe, have undertaken to account for them by supposing them to be bile mixed with some acid. By some experiments published by Dr. G. Bird, (for which I will refer you to Ranking's Abstract for 1845,) it was proven that there was no more bile in them than in common evacuations, so that with propriety, perhaps, they could not be called billious.— He supposed them to depend upon an altered condition of the blood. What the change wrought in the blood is, I believe we are not informed. [I would merely suggest as an enquiry, whether it may not be the anæmic condition? I make this enquiry because I have seen those peculiar, light green evacuations where this was evidently the condition. Whether they may follow from any necessity, I am entirely unable to answer.]

In many cases of Cholera Infantum, the abdomen is tender upon pressure, and swollen, especially towards the termination of unfortunate cases. The appetite is variable, the tongue more commonly covered with a whitish crust: sometimes it is yellowish, and at other times red and smooth. The skin is mostly dry, and in many cases hot; the pulse is frequently somewhat excited; but I prefer to say but little about the peculiarities of the pulse, because it is very difficult in general to learn much about the pulse of a child.

Cause.—This disease has been ascribed to several causes. From the season of the year in which it is most common, (from May till September,) it is most probable that the heat of the summer has much to do with it. Whether this alone would produce it, we cannot tell. This with the vitiated atmosphere of a crowded city, favored by the irritation of dentition, unwholesome food, &c., no doubt can and does produce it in most of cases. Though it is most common and fatal in cities, yet we have enough of it in the country to try

our patience and skill. Here, I have little doubt that excessive heat for a few days, followed suddenly by cool and damp weather, dentition, and improper diet, are the most fruitful sources of the disease. These causes may be favored by a miasmatic condition of the atmosphere, such as produces the common fevers of the country. Though Dr. Dunglison, I believe, supposes the miasm to be different from that which produces fever. I shall not attempt to dispute this point with such authority, for my impression is, if Dr. Dunglison is not the most learned, he is one of the most learned physicians now living; yet to me it would not be at all unreasonable to suppose that there may be some things take place up and down this river that even he might not know. But it is not necessary to dwell upon the causes of this disease, for it is not likely, if we knew them all, that our knowledge would prevent it in very many cases.

Pathology.—As to the Pathology of this disease, I can have but little to say from experience; for honesty, always being the best policy, I am ready to admit at once, that I never witnessed a “*post mortem*” in such a case. Where death occurs very early, we should not expect to find much, if any evidence of inflammation. Where the disease is protracted, from the symptoms, and from the reports of those who have made, after death, examinations of such cases, we should expect to find increased redness, at least, in different portions of the alimentary canal. In some cases, contraction of a portion of the intestines is met with. In most of cases it is said there is enlargement of the muciparous glands; and in some cases ulcerations. The liver is said to be congested, enlarged, and in some cases light colored. Effusion into the ventricles, and upon the surface of the brain, is frequently found. These, perhaps, would constitute the most common pathological conditions. And I would here remark, that physicians should more diligently seek opportunities to make *post mortem* ex-

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aminations in this, and other diseases, inasmuch as without them we must often be found using our means in the dark.

The Prognosis in this disease must depend very much upon the case you have to treat; and then if you have, seemingly, the mildest case, if the child have any scrofulous taint; or if it have a great many teeth to cut; or, if it has been lately weaned, or have to suck the milk of a pregnant mother, you had better be cautious in making an early, favorable prognosis. Though it is said to have produced in the city of Philadelphia, "from 1825 to 1839 inclusive, 3,352 deaths, being near 10 per cent. of all the deaths of children under 5 years of age, and near 5 per cent of the entire mortality of the city in that period," yet it is nevertheless true, that by far the greater proportion of cases recover, and if judicious means are used early in the disease, comparatively few will die.

Treatment.—If you are consulted early in the disease, when it is in the form of moderate diarrhoea, you will first, if you can ascertain the cause, remove it; if the gums are swollen, cut down freely upon the approaching teeth. A flannel bandage should be worn around the abdomen, and the feet and arms kept warm.

A common practice, and in many cases it seems a very good one, is to give a portion of Castor Oil with from one to five drops of Tinc. Opii., according to the age and habit of the patient. In most of cases perhaps it would be better to give a small portion of Cal. and Rhubarb, to be followed, if need be, by a Dovers Powd. This, in many cases, arrests the disease at once. Cal., 1-4 to 1-6 of a gr., and Ipec. 1-4 gr. every hour and a half to two hours has been a common and leading prescription in our section, and in many cases a very satisfactory one; yet I am inclined to believe it has been overrated and too much relied upon by many physicians. My impression now is, that I too, in times past, have had too much confidence in it. The idea was, that we must have the deranged

secretions of the liver, skin and alimentary canal corrected, (all very well, certainly,) and these two articles were to do the work; and they would seem to look in that direction, to be sure; but unfortunately, in many cases not sufficiently. To answer these ends more generally and efficiently, I now have much more confidence in the warm bath, employed daily, and the following formula which I got from Dr. Condies' work on Children, which in my practice has given very general satisfaction, viz: Cal. grs. iii; Cret. pp t. grs. xxxvi; Acet. Plum. grs. xii; Ipec. grs. iii, divide into 12 parts, one to be taken every 3 hours. This generally changes the character of the discharges in a short time, and promptly arrests the disease.

To arrest the vomiting, which is frequently a very troublesome and urgent symptom, I have found minute portions of Cal., 1-4 to 1-6 of a gr. thrown back upon the tongue every half hour, to arrest it in a short time. Should this, with a large sinapism to the epigastrium not succeed, I would give a few drops of Spts. Turp., or a few drops of Sul. Ether, holding in solution some Gum Camph: Ether, 1 oz.; Camph., 13. Where the common means of arresting vomiting fails, it is advised to use a solution of the Acet. Plum. I have tried it in only two cases, and in one of these it too failed, and the child died—the only case, I believe, I ever saw terminate fatally before the vomiting was arrested. It may be necessary to apply a blister to the stomach, and sinapisms to the legs. In blistering children, however, it should be kept in mind that the plaster should be replaced by a poultice whenever the skin is well reddened, or after from two to three hours. When the vomiting is arrested, the powders of Cal., Chalk, &c., above mentioned, should be resorted to and continued till the purging is subdued, leaving out the lead whenever the violence of the disease is overcome; or when the frequent watery discharges disappear. To arrest the vomiting and purging too, in a case where both were very copious, frequent and prostrating, the discharges being thrown some feet from the anus,

I gave Tinc. Opii. *per orem*, and also by injection, till I had from 20 to 25 drops in the little fellow, (a child of 9 to 10 months of age,) at one time. It succeeded entirely and when the child recovered from the prostration produced by the disease, it was well. Some might think this hazardous—I tho't the disease more so. Some physicians, I apprehend, are too fearful of Opium in diseases of children. Dr. Dixon, now of the New York University, gives Camph., Tinc. of Opii. and Carb. of Potash, to arrest the vomiting in this disease; and I have no doubt it would be good for the purging also in most cases, for signs of acidity are very apt to be present in these cases, and every physician knows that a great many diarrhoeas may be cured by alkalies alone.

When there is much pain in the bowels, with slimy and bloody discharges, injections of Tinc. Opii. with Mucilage of Slippery Elm or thin Starch, is a means of great relief, and in some cases it would seem could not be dispensed with. They should be given as occasion requires. Where the abdomen is swollen and tender, attended with much griping and bearing down during the evacuations, the Spts. Turp., with Mucilage of Gum Arabic or Elm and Calc. Mag. is a mixture of great value—better if a little Tinc. Opii. or Tinc. Camph. be added. In persistent cases, where there is not much evidence of local inflammation present, astringents, as Kino and Catechu may be used. In such cases too, a blister over the abdomen may do good by its derivative action. Poultices to the abdomen are of great value in the treatment of this disease, and still more valuable if made irritating by pepper or mustard. These, as a general rule, I prefer to blisters, as children, owing to some peculiarity of system, do not bear blistering so well as adults; however, where there is evidence of inflammation of the brain, they must be applied to the temples, behind the ears, or to the nape of the neck, and kept sore while it continues, by some stimulating ointment. Cold water should also be applied to the head in such cases. A bladder.

partly filled with cold water and laid to the head, is perhaps the best mode of applying it. In a great many cases, where a number of teeth are to be cut, and the case becomes lingering, wearing the child away, rather by its continuance than its violence, the best thing that can be done, is to keep the diarrhoea in check by the administration of Dover's Powders as occasion requires. In cases of much emaciation and debility, tonics must be used. I have little doubt that many of the cases treated as inflammation of the brain, connected with this disease, are cases of drowsiness from mere debility, and require tonics. Quinine and Iron may be used. Quinine is especially called for in cases of an intermittent character. Where there is evidence of anæmia we would use the Iron. But in most of cases, the one I have been most pleased with, is the powdered Columba. This will give very considerable support, and agree well with the irritated bowels. After all that may be said, the Dover's Powders, the warm bath, and the Calomel, Chalk and Lead powders above mentioned, are the main reliance in most of cases. The diet should be fluid and unirritating, and the quantity small at a time, and not taken too frequently. The child, in pleasant weather, should be carried on horse-back, or in a carriage, and removed to the country if in a city, or by all means to a healthy situation, if possible.

I cannot close these remarks without insisting upon the necessity of the positive prohibition of solid indigestible articles of diet. Fruits of all kinds should be forbidden, as one mouthful continues a diarrhoea for days or weeks in many cases, and too often no doubt, gives a fatal termination to the disease. One case I will mention. Some years ago a respectable physician of my acquaintance was attending a child laboring under Cholera Infantum. The child was evidently convalescent for a few days, when the doctor happening to pass the house, called to see how the little patient was getting along, and found it sitting up in the cradle feeding upon cucumbers

from the kind hand of its mother. The doctor remonstrated with her upon the impropriety of feeding the child on such diet, and faithful to his conviction, hinted the probability that death, even, might be the consequence of such indiscretion.—“Ah! doctor,” she religiously replied, continuing the feed at the same time, “I don’t believe it will ever die till its time comes.” The result was, the disease very soon returned in great violence, and by the next morning ‘its time had come.’

ARTICLE II.

A Case of Scarlatina.—By WILLIAM MATTHEWS, M. D., of Eberle, Ind.

MESSRS. EDITORS:—

I send you the subjoined history of a case of Scarlatina, which, although it terminate unfortunately, will afford additional evidence to that already accumulated, in favor of the curative powers of Iodine in Hydrocephalus.

A child, eighteen months of age, of rather feeble constitution and strumous habit, was exposed to the contagion of Measles about the 15th of April, and in two or three days thereafter, Scarlet Fever broke out in the family to which it belonged, thus exposing it to the contagion of this dreadful malady. On the 22nd the child was seized with vomiting, followed by a burning fever, and accompanied with the eruption peculiar to Scarlet Fever. The anginose type was determined, and the various glands of the cervical region, the tonsils and parotids were intumescent.

The practice adopted was that usually prescribed by the profession in this variety of Scarlet Fever, and on the fifth day it was believed that recovery would speedily ensue. But at this time the eruption became more distinct, was less uniform, and in some measure crescent shaped, closely resembling the rubeolous efflorescence. And, moreover, catarrhal symptoms were present. The diagnosis was Measles—but it yet remains uncertain, (as no other member of the family contracted Measles,) whether the diagnosis was correct or not. At this time the child's strength began to give way, and I was compelled to prescribe ammonia and wine, and its bowels were from time to time evacuated by enemata. Under this plan of treatment I again was led to believe that improvement was going on—the eruption, meantime, standing fully out.

But at the very moment that I was anxiously expecting convalescence, head symptoms began to declare themselves. Believing that these were due to gastro-enteric irritation and general nervous prostration, cold lotions were directed to be kept constantly applied to the head, and Dover's Powder was watchfully prescribed as an internal medicine. The patient, however, gradually grew worse and worse, and at the end of twenty-four hours all hope for its recovery seemed vain. The head was abnormally hot, and coma, strabismus and partial paralysis were the symptoms upon which the diagnosis was predicated—the coma and strabismus being the first signs of the approach of the secondary inflammation.

As a dernier resort at this critical period, one drachm of the saturated solution of Iodine in alcohol, fifty grains of Iodide of Potassium, and three-fourths of an ounce of water formed a solution, of which forty drops were given every three hours until more than half of the contents of the vial were given. In twelve hours the head symptoms were beginning to disappear; pretty profuse diuresis took place, and the medicine was directed to be continued in reduced doses, which being followed up, in the course of two days from the commencement, the

whole amount was exhausted. By this time every head symptom had disappeared. Some additional gastro-enteric irritation followed, but emollient fomentations had the effect of removing this, and the patient once more was on the point of convalescence.

Unfortunately, however, the swelling of the cervical glands, just at this period, began to increase; the surrounding parts became implicated in the intumescence, and the functions of the wind-pipe and œsophagus were being interfered with.—Poultices were applied to the inflamed parts, and wine I was compelled to allow for the purpose of supporting the flagging powers, and hastening the maturing process, which was now evidently approaching. But in spite of nutritious soups, wine, etc., the child continued to sink, and on the 16th of May it died of inanition, before fluctuation could be detected in the inflamed cervical glands—swallowing having, in a great measure, been prevented for several days previous to death.

ARTICLE III:

Ulcerations of the Vagina, connected with the states of Utero-Gestation and Lactation.—By DANIEL BRAINARD, M. D., Prof. of Surgery in Rush Medical College.

The "nursing sore mouth" is a disease which has only of late attracted the notice of medical writers; yet its pathology and treatment have been investigated with zeal, if not with entire success. It is certainly surprising that such an affection should so long have escaped the notice of observers, if it ex-

isted; and equally strange, it may appear, that it should have originated in these latter times. We are inclined to the latter opinion, and suppose that it is on the increase, both as regards its frequency and its severity. These ulcerations, however, are to be regarded only as a local effect of a general cause, which does not by any means confine its influence to the mucous membrane of the mouth, but which almost as often produces similar effects on the vaginal surface, and apparently on that of the small intestines.

The state of the system which gives rise to these ulcerations is, *anæmia*. Those who have been bled often, or confined to a low diet, or affected with diarrhoea, or frequently purged, are the persons affected. It is usually attended by a leucophlegmatic state, pallor of all the tissues, costiveness or diarrhoea and frequent desire to urinate, with smarting pain on micturition. In the Western States the diarrhoea usually attacks persons recently arrived from the Eastern States or foreign countries, and is often persistent, and even dangerous. Women in the states of gestation, or nursing, who labor under this affection, are generally attacked with these mucous ulcerations.

The causes of the disease have been already stated to be in general those of a debilitating nature. Lactation, when prolonged, and accompanied by an insufficient nourishment, is by far the most frequent; hence its name, 'nursing sore mouth.'

The treatment most effectual, verifies this view of the cause. A general course of tonics, with nourishing and abundant food, with free exercise in the open air, seldom fail to afford relief. Good beer, ale or porter, with beef and mutton are the best articles to employ. Iron, and the Vegetable Bitters are of some service, particularly the former. As a local application to the ulcerations of the mouth, no remedy deserves to be compared to the fuming Muriatic Acid, applied with a probe, piece of wood, or brush, to the ulcerated surface; it never fails to relieve when the ulcers are white and

circumscribed. When there is a diffused redness and denudation, it should be diluted and used as a wash. Mercurials are especially to be avoided.

To illustrate these brief and very imperfect remarks, I will add some cases which may be taken as specimens of the different forms in which it appears.

Case I. Mrs. A., a young woman of scrofulous habit and delicate constitution, was affected while pregnant with her first child, with ulcers of the mouth, for which she made use of astringent applications. After using these the mouth was cured; but ulcerations of a very severe kind attacked the genital organs, there being several deep and whitish ulcerated patches about the orifice of the urethra and vagina, which produced great pain and smarting on urination, and pain in the hip, groin, and extending down the thighs. There was considerable constitutional irritation which soon became severe.—Local applications had little effect, and the ulcerations continued till delivery, when they disappeared and the mouth became affected, continuing with varying degrees of intensity during the whole period of lactation. At the second pregnancy and lactation, the disease reappeared in so severe a form as to endanger her life and render necessary the induction of premature labor, when it again ceased and attacked her mouth.

Case II. Mrs. C., a young woman of delicate constitution, had, during pregnancy and lactation with her first children, ulcers of the mouth. During the pregnancy and lactation with the third child, it recurred, and was treated by the application of strong Muriatic Acid. This immediately cured the ulcers, but similar spots made their appearance about the orifice of the vagina, occasioning great smarting, with pain in the hip and groin of the side most affected. This appearance of ulcers of the mouth at different times, was attended with great relief to the other symptoms, but on their healing, the ulcers of the vagina were again seen with their attendant effects.

Case III. A woman of about 35 years of age had been affected for a long time with a pain in the back, hips, &c., for which various remedies had been used without effect. On enquiry I found the symptoms dated from the period of lactation, and were attended with debility. On examination several minute points were seen about the orifice of the vagina, scarcely perceptible to the eye, but which when the surface was touched with a solution of Lunar Caustic turned white, revealing the existence of numerous ulcerated points. The appearance of minute red points upon the mucous surface, of a pale colour, I have seen in other cases, and it is well calculated to deceive unless a solution of Nit. Arg. of the strength of about 20 grs. to the oz. is passed on the surface. That is the form of application preferred for this situation, the Muratic Acid being too severe. It were easy to add to these cases, others, where the ulceration of the mouth alternated with diarrhoea, indicating a transfer of the ulceration from the intestinal mucous membrane to that of the mouth, and the reverse. But we are content with simply inviting the attention of the profession to certain relations of these affections, in order that the same connexion may be observed if it occurs elsewhere.

Part 2.—Reviews and Notices of New Works.

ARTICLE I.

Anæsthesia, or the Employment of Chloroform in Surgery and Midwifery.—By Prof. J. Y. SIMPSON, M.D., &c.

A Treatise on Etherization in Child-birth. Illustrated by Five Hundred and Eighty-one Cases.—By Prof. WALTER CHANNING, M.D. &c.

Effects of Chloroform and of Strong Chloric Ether, as Narcotic Agents.—By JOHN C. WARREN, M.D., &c.

Mere opinions and prejudgments not sufficient to settle the question of the propriety or impropriety of Anæsthetic Agents.—Such is the caption of the first chapter of Dr. Simpson's very interesting and valuable work; and it would seem so very apparently true, that we wonder any one making pretensions to candor and fairness, would venture to dispute it. Yet no sooner was the discovery of these agents announced, than distinguished members of the profession took sides on the question, and fulminated their bulletins, without paying any respect to the facts in the case.

There is a pride of science, which is about as unreasonable and disagreeable as any other species of pride. There are yet plenty of persons who will tell the clock by algebra, and take your measure for a coat with a quadrant. Too many of our scientific men have a contempt for facts and experiments, especially when said facts and experiments contravene preconceived notions and hypotheses. They prefer incurring the risk of being called visionaries, to that of being classed amongst mere experimenters. We remember to have seen it stated that the celebrated Dr. Lardner conclusively demonstrated the impracticability of navigating the ocean by steam; and

about the time he had pronounced his Q. E. D., the practical navigators had sailed a steamship from Liverpool to New York. So it was in Anæsthetics: Prof. Meigs had uttered a considerable amount of learned jargon concerning the 'culminating point of the female somatic forces,' and 'the conservative manifestation of life-force,' amounting, in the end, only to his impressions of what *might be* the result of the use of these agents; while Profs. Simpson, Channing, and others, demonstrated the *facts* in the case and thus set the question in its true light before the profession. We hope the profession will one of these days, learn that our science is dependent on a rational empiricism; (in the primitive sense of the term) and that a hypothesis is good for nothing, unless it be a natural inference from ascertained facts.

In the first chapter of this work, Prof. Simpson has given a history of the opposition to vaccination, as illustrative of the stubborn opposition which is generally offered to all great improvements. This history, besides being interesting as a professional curiosity, contains a great amount of quiet satire upon that class of philosophers who bring forward their preconceived notions as an offset to facts. We subjoin the following extracts that our readers may learn how the great discovery of Jenner was regarded by some of the eminent medical men of his day:

"Dr. Squirrell earnestly and publicly supplicated his Majesty George the Third to suppress 'the destructive practice of vaccine inoculation throughout his dominions.'" "It ought," observed Professor Monro of Edinburgh, "to be prohibited by Act of Parliament." "The College of Physicians have," exclaimed Dr. Moseley, "a duty to perform, and I trust this business will not escape them." Others, despairing of interference on the part of the King, Parliament, or Colleges, appealed to the people themselves. "It would," said Dr. Brown, "undoubtedly be downright madness to imagine they will condescend to encourage it." The Anti-Vaccinarian Society called upon the public "to second their efforts in supporting the cause of humanity against cow-pox injuries," and besought their aid to suppress "the cruel despotic tyranny of forcing cow-pox misery on the innocent babes of the poor—a gross violation of religion, morality, law, and humanity."

"Frightful, and even fatal consequences were boldly averred to be the direct and immediate results of vaccination."

"Deaths from cow-pox inoculation were published in the mortality bills of London. "I have," alleged Dr. Mosley, physician to the Chelsea Hospital, "seen children die of the cow-pox without losing the sense of torment even in the article of death." Dr. Rowley, physician to the St. Marylebone Infirmary, professed to publish true accounts of fifty-nine deaths from "cruel vaccination;" and added, that "when humanity reflects" on these, and (to use his own words) "a great heap of victims diseased for life, and likely to transmit to posterity, for ages, beastly chronic diseases, it is enough to freeze the soul with horror." And "it is," he exclaims, "the duty of honorable men in the medical profession to alarm mankind of the impending danger of vaccination; to warn society of the multifarious evils that await them in the form of this mild catholicon, of a sweetened potion that carries fatal poison in all its destructive particles." He elsewhere eloquently declaims against "affectionate parents being robbed of their serenity, and the minds of tender mothers being wrung with eternal suspense," "whilst a few projectors or visionists are pursuing their deleterious projects on human victims," and perpetrating a "dangerous innovation which so many fatal facts illustrate."

"Nay, it was strenuously maintained and believed, that not only were various old maladies, peculiar to man, thus excited into action by the "cow-pox poison," but that different new diseases peculiar to the cow were sometimes communicated to the human constitution by vaccination. "Various beastly diseases," writes Dr. Rowley, "common to cattle, have appeared among the human species since the introduction of cow-pox mange, cow-pox abscess, cow-pox ulcer, cow-pox gangrene, cow-pox mortification, and enormous hideous swellings of the face, resembling the countenance of an ox, with eyes distorted, and eyelids forced out of their true situation; diseased joints, &c."

"This was published in 1806, eight years after Dr. Jenner's first essay on vaccination appeared. During the year subsequent to the first public announcement of his discovery, Dr. Moseley suggested the possibility of the "bestial humour" of cow-pox producing "a brutal fever exciting incongruous impressions on the brain;" and "who knows (says he) but that the human character may undergo mutations from quadrupedan sympathy, and some modern Pasiphaë may rival the fables of old?" Some, after vaccination, were actually supposed to "cough like cows," and "bellow like bulls." And one anti-vaccinist ingeniously suggested that if cow-pox were known to have existed in a family, this fact might debar the members of it from the chances of matrimony. For "it would (he remarks) be no letter of recommendation, and it would be cruel for the world to know, who had laboured under the cow-pox mange, evil, ulcer, or any other beastly disease; it might infallibly injure their fortune in life, particularly in matrimonial alliances. Who would marry into any family, at the risk of their offspring having filthy beastly diseases?"

Even Cobbett, the strong-headed, and generally clear-sighted 'political rhinoceros,' as he was termed by an eminent philosopher of his day, in his advice to parents, denounces vaccination in no measured terms; strenuously recommending inoculation, which had before met with quite as fierce an

opposition as cow-pox. One ingenious theologian, thought it doubtful, were all true that was claimed for vaccination; whether it would prove a boon to mankind; suggesting that if men 'happen to become more healthy, it is a great chance but they would be less righteous.' It would not be wonderful if forty years hence, the profession of that day should look upon Drs. Ashwell, Meigs, Tyler Smith, and other opponents of Anæsthesia, much in the same light that we of the present day regard those who denounced vaccination.

Chap. II is taken up with the proof that ether and chloroform possess the power of annulling pain. This we think no longer needs proof, and we therefore pass it by.

In Chap. III we have an enumeration of the conditions for ensuring successful anæsthesia. These are fully detailed in the following extract:

"To produce the complete anæsthetic and soporific effects of the chloroform some conditions are necessary to be attended to. Without attending to these conditions, you will have failures. 1. The chloroform vapor must always be exhibited as rapidly and in as full strength as possible, if you desire to have its first or exhilarating stage particularly done away with, and excluded; and you effect this by giving the vapor so powerfully and speedily as to apathatize the patient at once. If you act otherwise, and give it in small or slow doses, you excite and rouse the patient in the same way as if nitrous oxide gas were exhibited. 2. In order that the patient be thus brought as speedily as possible under its full influence, the vapor should be allowed to pass into the air-tubes by both the mouth and nostrils,—and hence all compression of the nostrils, &c., is to be avoided. 3. The vapor of chloroform is about four times heavier than atmospheric air. And hence, if the patient is placed on his back during its exhibition, it will, by its mere gravitation, force itself in larger quantities into the air passages than if he were erect or seated. As to the best instrument for exhibiting the chloroform with these indications, the simple handkerchief is far preferable to every means yet adopted. It is infinitely preferable to any instrument yet seen, some of which merely exhibit it by the mouth and not the nostrils, in a small and imperfect, instead of full and complete doses; and with instruments so constructed, there is no doubt whatever that failures and exciting effects would ever and anon occur.—Besides, inhaling instruments frighten patients, whilst the handkerchief does not; and mental excitement of all kinds, from whispering and talking around the patient, is to be strictly avoided, if possible. As to the quantity required to be applied to the handkerchief, it has been stated, the average dose of a fluid drachm was generally sufficient to affect an adult; but I have latterly seldom measured the quantity used. We must judge by its effects, more than its quantity. The operator gathering his handkerchief into a cup

like shape in his hand, should wet *freely* the bottom of the cup (so to speak,) and if the patient is not affected in a minute or so, he should add a little more. It evaporates rapidly; and you must not wet your handkerchief, and then delay for a minute or more in applying it. It must be applied immediately. Not unfrequently, when the patient was just becoming insensible, he will withdraw his face, or forcibly push aside the handkerchief. If you *then* fail to apply it to his face and keep it there, you will be liable to leave him excited. But probably two or three inhalations more will *now* render him quite insensible. The simplest test of its full and perfect effect is some noise or stertor in the respiration. Cease it as soon as this is fully set in. But re-apply it, of course, from time to time, if it is wished to keep up its effects.

"Dr. Bennett, has spoken of the stertor or some other symptom being 'serious.' Now, this and other terms are, it is believed, calculated to excite unnecessary fear. 'Serious' was a relative and conventional term, constantly liable to be altered by increased knowledge and experience.—Twenty years ago, travelling at the rate of thirty miles an hour would have been reckoned a very serious matter. Now-a-days every one knows it was not so. The tyro looks at first upon the symptoms of an aggravated attack of hysteria as very serious. The physician of more experience knows they are not so. The stertorous breathing, the spasms, and almost convulsive symptoms, &c., sometimes produced by chloroform, may appear serious to those who have had little experience in the use of this agent. But every one who has seen much of its effects, knows that there is [not only] no danger following, but no inconvenience even left by such a show of serious symptoms."

The most singular argument as yet brought against the use of ether and chloroform, is that the alleviation of the pain of operations is unnecessary, if not improper. To us this assertion sounds like nothing short of absolute barbarity. That such an assertion should be made by men professing to possess common humanity, passes our comprehension. Of what use, we should like to know, are the tortures of the operating table, to either the patient or the surgeon? Is it a pleasure to the latter to see the writhing and listen to the shrieks of the unfortunate being before him; especially when he knows that pain may often destroy life? Do such sights and such sounds have a tendency to increase the steadiness of the operator's hand, and sustain the equanimity of his judgment? How many instances are on record of patients perishing from the mere shock of an operation? Such instances are so numerous that it is useless to quote them: and yet we are gravely assured by such men as Bransby Cooper, Magendie and Syme, that they should 'feel averse to the prevention of it,' that '*c'est peu*

de chose de souffrir, and that the pains of amputation are 'nowise unbearable.' Such assertions are melancholy instances of the perverseness of human judgment, and the obstinacy with which the mind resists any truth that contravenes established opinions. Why will not such men be consistent, and refuse to administer opiates to allay the pangs of their patients? Why will they so far cross the purposes of nature as to hasten the maturation of an abscess by poultices and fomentations? Trace their line of argument to its legitimate conclusion, and it will be at once seen that it is opposed to all inventions and appliances for the comfort and convenience of mankind. In short, the opinion that the pain of a surgical operation is necessary or useful, is egregiously absurd; and opposed not only to the observations and experience of medical men in all ages, but to the common sense of mankind: and when we see men of eminence in the profession promulgate such dogmas, we cannot but conclude that much learning has made them mad.

But we have already spent more time on this objection, than its importance demands; we therefore pass to the consideration of the question: "Does Anæsthesia increase or decrease the mortality attendant on surgical operations?" On the answer to this question depends the rank which anæsthetic agents will hereafter hold in our *Materia Medica*. To decide this question, Dr. Simpson, with persevering and commendable industry obtained results from the principal hospitals of Europe, and has given the results of his researches, in the sixth chapter of the volume before us.—According to these tables the following results were obtained. Mr. Phillips records 1,369 cases of amputation of the thigh, leg and arm: the mortality was about 37 per cent. In 242 cases reported from the Glasgow Hospital, the mortality was about 47 per cent. In 484 cases reported from the Parisian Hospitals, the mortality was about 49 per cent., while in 302 amputations of the same class, performed under etherization,

the mortality was 23 per cent. In order to make the contrast more definite, the Professor has selected a single operation, that of amputation of the thigh; and the subjoined table exhibits the result of his researches:

Table of the Mortality of Amputation of the Thigh, Leg, and Arm.

Reporter.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Parisian Hospitals—Malgaigne, -	484	273	57 in 100
Glasgow Hospital—Lawrie, - -	242	97	40 in 100
General Collection—Phillips, - -	1369	487	35 in 100
British Hospitals—Simpson, - -	618	183	29 in 100
Upon patients in an <i>Etherized state</i> ,	302	71	23 in 100

We ask any candid and unprejudiced surgeon to consider this matter attentively, and then ask himself the question, not whether he is justified in administering these articles, but whether he can reconcile it to his conscience to withhold agents which would diminish the mortality resulting from surgical operations? We profess to have no opinion in the matter further than the facts before us, lead us to adopt; but with the light now before us, we should not think of undertaking a surgical operation of importance, without at least giving the patient the option of etherization.

It would be an interesting question to determine in what manner etherization lessens the mortality of surgical operations; but as this is a matter of subordinate importance, we for the present pass it by. We suppose that the opposition to the use of anæsthetics in surgery, does not at present amount to much; but their employment in midwifery still meets with determined opposition from many eminent members of our profession. The arguments brought against etherization in midwifery, are the same as those used against its employment in surgery; with some additions which we will notice. These objections are generally on moral and religious

grounds. It has been seriously said, that if women were to bring forth children, without suffering the throes of travail, their love for their offspring would be diminished. Or in other words, that the strength of the maternal affection is gauged by the intensity of the parturient pains. Of course those women who have easy labors, have less love for their offspring. We merely mention this, in order that it may be seen to what extremities men may be driven in the defence of a theory.—Again it has been said that under the influence of chloroform and ether, women have been known to indulge in much improper, and even indecent conversation. We scarcely know how to reply to this objection. That any man or woman will come from the lying-in chamber, and testify to the public that the parturient woman uttered indecent or improper phrases, is something we never should have thought of. “To the pure, all things are pure;” and it would also seem that the converse of the aphorism is equally correct. We envy no man his feelings who can urge such an objection as this: and to every such person, all pure-minded and virtuous women should exclaim, ‘*sus apage, haud tibi spiro.*’ Dr. Tyler Smith may discourse about ‘reflex obstetrics,’ to the end of his days, without convincing us that any person ever heard bawdy conversation from the mouth of any decent woman in labor. In all such cases, it may be set down as a settled fact, that the indecency is on the side of the *accoucheur*, and not of the *accouchee*.

As Joshua was brought forward to combat the doctrine of the diurnal revolution of the earth; so Moses has been cited as authority against abrogating the pains of labor: and as the argument has about as much force in one case as in the other, we deem it a waste of time to consider it at more length; although Dr. Simpson has, to our surprise, devoted a long chapter to it.

It has been said that the pains of labor are not sufficiently great to warrant artificial interference. A reference to the

standard works on Midwifery is a full and sufficient answer to this assertion. Any one who will take the trouble to consult the statistics recorded by Dr. Churchill, in his very valuable work on Obstetrics, cannot but be struck with the fact, that the mortality is in proportion to the suffering, and that we may look to see the number of fatal cases decrease under any method of treatment that will alleviate the intolerable agonies of preter-natural labors. It has further been urged, that etherization might have a deleterious influence on the child; but this is a mere supposition, which has been most successfully refuted by experience. The objections brought forward by Prof. Meigs, have been so triumphantly answered by Prof. Simpson, and the refutation is so generally familiar to the profession, that we deem it unnecessary to make any further allusion to it here.

Having thus briefly noticed the disadvantages alleged to be encountered in the use of etherization, it is but fair to consider the other side of the question. The first great advantage gained, is the abrogation of pain. If pain may of itself be destructive to life, certainly any means to do away with it must be regarded as a valuable addition to the *Materia Medica*. That chloroform and ether accomplish this, we suppose is not doubted by any one. We however need more extended statistics before we can accurately determine the influence of etherization upon the mortality of midwifery practice. In the second place, these agents have been found eminently useful in preter-natural labors. It is, of course, much more satisfactory to practice operative midwifery when the patient is in an unconscious condition, than when she is rendered restless and unmanageable by intolerable pain.

We are told by those who have the best right to know, that etherization produces relaxation of the soft parts during labor, and thus facilitates the process. These are the main advantages gained by the use of ether and chloroform in midwifery; and although not numerous, they are very important.

It should not be disguised from the profession that there is one very serious objection against the use of anæsthetic agents, and the only one, in our opinion, which has any great force. It is alleged that death has been the result in many instances. How many deaths have been produced in this way, we do not exactly know. The largest collection of the untoward effects of chloroform, that has fallen under our notice, is that by Prof. Warren, who has given a history of 15 cases.—These cases are very clearly and fully detailed; and there are two circumstances connected with them which must arrest the attention of the most superficial observer. There are no constant pathological appearances to account for the deaths of the patients, and the operations for which the chloroform was administered were generally of a trivial character. The most frequent pathological appearance was congestion of the lungs. The brain did not evince any important lesion. In some instances the blood was found to be very fluid, and the heart soft and flaccid. It seems not unlikely that in some cases death has been occasioned by a deprivation of oxygen: the inhalers being so constructed as to exclude entirely the supply of air. In other instances a fatal result seems to have been brought about by the action of the chloroform directly upon the blood. But taking the whole subject together, the cause of the fatal result is still veiled in much obscurity, and will probably long remain so. The hypothesis of Flourens, of the successive action of poisons on the hemispheres of the brain, and the medulla oblongata, lacks exactness, and does not admit of demonstration. The error of allowing physiological speculations to influence practice, is thus finely shown up by Prof. Channing:

“Not only has the physiological objection to the use of chloroform and ether prevented Professor Meigs employing them in midwifery practice,—and will continue to do so, since it is pretty clear that this objection cannot be obviated,—but it will be perceived, that this same objection has with the professor also destroyed the authority of statistics; a science

which, in matters of fact, has been of the greatest practical regard and benefit. It makes no sort of odds, that a thousand or a million cases, duly reported and authenticated, have been most successfully and happily treated by etherization. The possibility, not the *probability*,—for this is denied in the very statement of the number who have safely used it,—the *possibility* of one case proving fatal *afterwards* (not in consequence of etherization, for this cannot be determined) would seem to be regarded as a valid objection by my highly respected correspondent to his ever employing it. At least, notwithstanding the thousands of cases in which etherization has been most successfully used by others, Professor Meigs, in amount, says he has not met with one in which he has thought this agency necessary, or in which it would have been usefully employed. The position of this distinguished professor, and the collateral support which that position, and especially his opinions in midwifery, get from the adhesion of Professors Hodge and Huston to the same, makes it a duty, in the discussion of our subject, to consider all the grounds of his not having employed the remedy of pain in labor. I do not understand, that his associates in doctrine and in practice, in this regard, have, any more than himself, employed ether or chloroform in childbirth. If they have not, is not the whole reasoning against their use strictly *a priori* in its whole nature? It is not only indifferent to, but wholly irrespective of facts, which are alike the sources and the basis of all inductive science.—Its supporters do not ask, 'What has occurred?—what has etherization done in childbirth?—how safe has it been to mother and child?' They ask what it *ought* what it *should* do, upon certain physiological principles; and which show that, as far as we can see, it ought to be, or that it is very likely to be, fatal whenever used. The friends of etherization look to the simple fact,—to what actually has happened in childbirth, after using ether or chloroform. They can learn what this truly is, both from their own observation and from that of others. They know that these remedies of pain have been widely used, and with a success which attaches to no other remedy in practical medicine. They look to the facts. They collect these; and when the time for philosophising has come, they will, with great pleasure use physiology, and all other collateral aid, in their important generalizations. While thus waiting, however, they do not reject the teachings of physiology. But in the very imperfect condition of this noble science, and more especially in that department of it which concerns the nervous system, they are willing to take the guidance of simple fact, of daily observation, in the conviction that if wisely followed, it will never lead them astray."

While there is no doubt that chloroform has in many instances caused death, there is a possibility that a greater number of fatal results have been attributed to this cause, than a more close investigation of the facts will justify. It is well known that in many instances a patient has been placed upon the operating table, and before the operation has been fairly commenced, fatal syncope has supervened. If in these cases chloroform had been used, the death would have doubtless

been attributed to that. Is it not possible that some of the reputed deaths from chloroform have been cases of this character?

But granting that untoward results have followed the use of anæsthetic agents; shall we therefore conclude that their use is inadmissible? By no means. Disastrous consequences have followed the use of Mercurials, Antimonials, and Opiates, even when administered by careful and skillful physicians.— It is not long since we saw a well authenticated case of death produced by a drop of Laudanum; and there are many instances of serious consequences following the use of a small portion of Calomel. Yet no one thinks of abolishing these articles from the *Materia Medica*. We suppose that facts warrant us in asserting, that so far, more lives have been saved than destroyed by the use of anæsthetics; and the fact that fatal results have followed their administration, should only have the effect of rendering us exceedingly careful in their use, and diligent in our enquiries to ascertain the class of cases in which they are inadmissible. It is a singular fact, that no fatal accident has as yet followed the use of ether or chloroform in obstetrical practice; at least we have not seen a well authenticated report of one.

When about to use these agents, there are some considerations which should influence us in the selection. In obstetrical practice, the chloroform possesses some advantages over the ether. Its effect is more promptly induced, and is more transient. Many practitioners will doubtless think well of it on this account. A few drops poured on a handkerchief may be administered immediately on the accession of a pain, and in this way the pain may be alleviated, without destroying the consciousness of the patient during the whole period of labor. Moreover, the quantity required to be used is small, and the odor less offensive than that of sulphuric ether; a matter of some importance in the lying-in chamber. In surgical opera-

tions, on the other hand, the ether has in some respects, a superiority over chloroform. Here plenty of time can be afforded to produce the requisite degree of insensibility before commencing the operation; and the impression produced is more lasting. Sulphuric ether has also one other advantage: fewer accidents have followed its administration. So far as we now recollect, there are on record but three cases of death produced by this article, and there is some doubt whether in these cases the result was fairly attributable to this cause.—Prof. Warren prefers chloric ether to either the chloroform or sulphuric ether. The effect of its use in his hands, has been highly satisfactory. He thinks it more prompt than the ether, and less hazardous than the chloroform. We do not know that it has been used to any great extent by any one except him; but think it worthy of a trial by the profession generally. In addition to these, various other articles have been proposed as anæsthetic agents; such as Nitrous Oxide Gas, Benzin, Aldehyde, &c., but they have been found inferior to the articles above enumerated.

Prof. Simpson made a great number of experiments, with the view of ascertaining whether any of the anæsthetic agents were capable of producing a local effect. He found that he could narcotize part of the body of the earth-worm, centipede, and creatures of that class; and even produce the same effect in the lower order of mammalia; but never was able to produce the same effect in man. The arm immersed for hours in the vapor of chloroform was not rendered insensible; and moreover considerable inconvenience was produced, such as heat, smarting, and a turgescence of the vessels of the part. It would, in many instances, be very desirable to produce local anæsthesia; and we yet hope to see the means devised for accomplishing it.

Besides their use in surgery and midwifery, anæsthetic agents will doubtless come to have a wide application in various diseases. We published in the last number of this

Journal, cases of Periodical Neuralgia successfully treated by chloroform. The same thing is mentioned by Prof. Simpson. We have been informed by Prof. Brainard, that he has used it in severe cases of colic, with very satisfactory results. It has been known to promptly relieve the distressing affection known as sick headache. We have seen it almost entirely arrest the chill of an ague fit. In a late number of the American Journal of the Medical Sciences, is a report of a case of Tetanus successfully treated with it: and if there is any remedy that promises to mitigate the horrors of Hydrophobia it is chloroform. We have no doubt it would effectually dispel Hysteria. In short, all acute neuralgic or spasmodic affections, if they cannot be effectually cured by this remedy, may be greatly mitigated until such time as more potent remedies can be brought to bear. In the agonies of dissolution they may be used with good results.

To sum up what has been written on the subject of anæsthetic agents, we are safe in asserting that their use has the true weight of authority in the profession. In the employment of Profs. Channing and Simpson, the use of ether and chloroform in midwifery, has been attended with results that should satisfy any reasonable man of the entire propriety of the practice. No bad result has followed in a single instance. We cannot refrain from declaring that the opinions of such men, based as they are on such an extensive experience, are worth more than all the physiological speculations promulgated by men who declare in advance that they will not be convinced; and that no amount of successful cases will satisfy them that evil results may not follow. With such persons, argument is thrown away; for when a man refuses to allow facts to influence his opinions, how is he to be convinced? We hope that the day is not far distant when such an absurd mode of philosophizing will be done away. To those who are really desirous of forming a correct opinion of this very inter-

esting and important subject, we recommend the careful and attentive perusal of the works whose titles stand at the head of this article. They are written with a candor and impartiality that are worthy of the highest commendation. Their authors are men who have the interest of the truth at heart; and who in the midst of opposition, and even detraction, have gone calmly and quietly forward in the noble work of alleviating human suffering. Had their enterprise proved a failure, bitter would have been the denunciations pronounced against them: as it has proved eminently successful, great is the honor it should earn for them.

The work of Prof. Simpson is rather a series of hasty essays, than a regular treatise; and bears manifest indications of haste. It was written at uncertain intervals of professional leisure. He seems to have had in view the presentation of the subject alone, and has not aimed at an accurate or finished style.—Prof. Channing's work, on the contrary, is a finished and scholarly production; an honor alike to its distinguished author, the celebrated institution to which he belongs, and the press of the city which styles herself the Athens of America.

M.

ARTICLE II.

Manual of Physiology—By WILLIAM SENHOUSE KIRKES, M.D.,
Assisted by JAMES PAGET, Lecturer on General Anatomy
and Physiology at St. Bartholomew's Hospital. With one
Hundred and Eighteen Illustrations on wood: Philadelphia:
Lea and Blanchard. 1849: pp. 552. For sale by S. C.
Griggs & Co.

This is one of the best elementary works on Physiology
within the reach of the student of Medicine. It is concise and

yet sufficiently full to present the important facts of the science in a plain and perspicuous style. It contains enough of General and Microscopic Anatomy to give the reader a fair knowledge of their bearing on the development and functions of the various tissues and organs; and the closing chapter on Generation and Development, presents the modern discoveries and doctrines concerning Ovology and successive development with clearness and accuracy. The whole work is suitably illustrated by well executed wood cuts. Like all other works on the general subject of Human Physiology, it contains some doctrines which admit of criticism. But to discuss these with fairness or profit to the reader would require more time and space than we have of either, at our command, for the present number of the Journal. It is nevertheless a clear, concise, and truly elementary work; and therefore better adapted for a text-book, than some of the more voluminous and expensive works which are recommended for that purpose.

N. S. D.

ARTICLE III:

An Introduction to Practical Chemistry, including Analysis.—

By JOHN E. BOWMAN, Demonstrator of Chemistry in King's College, London. Philadelphia: Lea & Blanchard. 1849. pp. 308., 12 mo. (From the Publishers. For sale by S. C. Griggs & Co.)

For the student of Practical Chemistry we know of no better volume than this. The principles of Chemistry are abundantly treated of in the standard works on the science; but there has been a want of books treating of the mysteries of the laboratory. Chemistry, like other Natural Sciences, is a dull

study without demonstration. To have an exact and thorough knowledge of the science, the student must have a practical knowledge of the manipulations of the laboratory. This sort of information is as important to the chemist, as is dissection to the anatomist; and books like the one before us have the same relation to the standard treatises on Chemistry that the *Dissectors* bear to the more elaborate works on Anatomy.—Faraday's *Chemical Manipulations*, which has heretofore been the standard work on Practical Chemistry, is too large; being calculated rather for the teacher than the student; premising as it does, the possession of extensive and costly apparatus. In this treatise, Mr. Bowman has presented in a clear and concise manner, a description of the Chemical Manipulations necessary to render the student an expert experimenter. There is also sufficient directions for Practical Analysis to render the work of value and interest to the profession at large. M.

ARTICLE IV.

On the Cryptogamous Origin of Malarious and Epidemic Fevers.

By J. R. MITCHELL, A.M., M.D.; Professor of Practical Medicine in the Jefferson Medical College of Philadelphia. pp. 137. octavo. Philadelphia: Lea & Blanchard. 1849. (From the publishers by S. C. Griggs & Co., Chicago.)

This is a doctrine of Fevers that appears to be original with Prof. Mitchell, and as a speculation we cannot see but that it is as good as any other. But it is theorizing that has put the great stumbling blocks in the way of the student of medical

science, and in his attempts to pass around them he is continually led astray. We do not feel gratified with a perusal of the work, although it is very entertaining, and written in a style worthy of the high literary reputation of its distinguished author; for it lacks evidence sufficiently positive to give confidence in the truth of the doctrine, and we find we have only been following the author in his *gleanings for facts* to support his theory, many of which, it is true, are striking, but most of them are drawn from a great way off, and are often accidental expressions carelessly made. Should a man, occupying the position that the author does, to give weight and authority to his opinions, put forth a doubtful theory in such manner as, by argument, to convince his pupils, while he himself is not convinced? even though he warns them that he is making an *ex parte* use of the evidence he lays before them. Or is it consistent and proper teaching, for the professor, on so important a subject as fevers, to lay aside the didactic for the polemic style, and attempt to prove to his pupils what he scarcely believes to be true himself.

The little work before us is, as we learn by its dedication, the teaching of the Professor of Practical Medicine in Jefferson Medical College of Philadelphia, upon the subject of Fevers, to his class in the college, and is published at their request.

The book opens with very ingenious arguments against the various theories that have been advanced to explain the ætiology of malarious diseases,—one after another being disposed of for want evidence in its favor, until in speaking of the animalcular theory, his 4th and last argument is: "But the strongest objection is founded on the superior probability of the *vegetable branch of the organic theory, &c.*"

In opening the argument in favor of his hypothesis, the author says:

"Not thoroughly convinced myself, I can only be excused for occupying your time, by the belief that the theory I am about to offer, is not only very plausible, but is associated

with agreeable and useful collateral inquiries. If we should not discover, at the end of our journey, the truth, the search after which has lured us to the path of observation, we shall enjoy, at least, beautiful scenery by the way; and sometimes pluck a flower, and sometimes find a gem."

Over twenty years ago the thought of the Cryptogamous origin of fevers was conceived by our author, on seeing some old stumps rapidly decay in a vicinity of much sickness. It led him to an investigation which resulted in the present development of a theory and its evidence. In reference to the latter, the author says: "You have, therefore, due notice of the guarded manner in which you are to receive my *ex parte* observations, a notice which I cheerfully give, for I have much confidence in the force of my subject, and do not love my theory well enough to wish its establishment at the expense of truth or reason."

The second lecture is principally occupied with a history of the fungi, which is continued nearly through the third. In this history some strong points of coincidence are shown between the habits of the fungi and the prevalence of several forms of disease.—As their greater growth in Autumn and at night, the time and season of the production and prevalence of malarious fevers.—Their more rapid growth in low situations and a certain degree of moisture, as well as the greater virulence of the poison of the fungi in damp weather, which conditions correspond with the prevalence of our fevers.

The remaining part of lecture 3d shows the frequency of mould, mildews, and other fungiferous productions, during epidemics. And the evidence of this is quite striking, forming in our estimation the strongest link in the argument; although much of it is questionable as to the true meaning of the observers. Instance:—"Plutarch, in his life of Romulus, says that in the first great plague at Rome, it seemed 'to rain blood.'" But the evidence seems to have very little reference to what we, in the West, regard as malarious diseases. Cholera, Vol' II, No. 4.—3.

Pestilence, Yellow Fever, Angina Maligna and Milzbrand, both of the latter being gangrenous diseases of cattle, and the Trembles, or Milk Sickness are especially cited.

But although fungi are exuberant during the prevalence of these epidemic and endemic affections in many instances, it does not appear that the affections are always to be found where the fungi are abundant. In fact, the proposition that the Plague or Cholera should be dependent upon a cause which we continually have among us, and often in great abundance, while they only appear once in a number of years: and the latter not at all until after the fungi had luxuriated for centuries among us, seems to be too wild a supposition to deserve serious argument. Nor is the supposition that it causes milk sickness more reasonable; for this disease is confined to limited neighborhoods of our country, while the supposed cause is universally to be found.

The 4th lecture is upon the poisonous qualities of the fungi, and the ravages they commit upon the health of man, beast and vegetables.

After the poisonous qualities are dwelt upon, the author observes:

"But it is rather to the peculiarities of these poisonings than the general fact that I would direct your attention. The first of these is the production of *fever*. Pereira tells us 'that the symptoms produced by the poisonous fungi are those of *gastro-intestinal irritation, and a disordered state of the nervous system*,' a not inexact general definition of a malarious fever."

Would any of our readers who observe fevers day after day and year after year, dream that gastro-intestinal irritation and a disordered state of the nervous system would be an exact general description of these diseases? True, it enumerates conditions that may attend these symptoms, but they are by no means uniformly present. To give an exact description requires that at least some diagnostic symptom should be cited.

If any one familiar with intermittent and remitting fevers, will look over the quotations from different authors to show the effects of mushroom poison, and from them make a good description of either of these fevers, we will award to him as much ingenuity as has been accredited to our author for the production of the work before us.

If mushroom poison be the cause of either intermittent, remitting, or congestive fever, how is it that persons when brought under the direct influence of the poison, do not have these diseases outright, instead of vague and unsatisfactory symptoms of them?

Our author says Christison relates a case of a woman and four children having a tertian fever after living four months exclusively on mushrooms, while the husband, who did not eat them, escaped. Two cases of intermittent fever, one in a lady of New York City, who had been eating mushrooms in the country, and the author himself, who had been handling and examining fungi, are referred to. This little evidence, at a point where the most is wanted, is made to suffice.

In the numerous cases related to bear upon the point under discussion, the evidence is stronger in favor of *gangrene*, than fever, resulting from fungi. Nearly all the cases cited mention the mortification. Does any of our readers recollect to have seen gangrene a frequent or general condition of malarious fevers?

Lecture 5th shows how the fungous theory explains the slow development of disease after malarious infection. This is done by citing that fungous poisoning takes effect at uncertain and various intervals after the poison is taken. From this simple fact our author concludes that the analogy is strong between the effects of this poison and malaria.

After this follows an explanation of the limitation of malarious diseases by, roads, walls and trees interposing. Here is a specimen of the argument:

"When we suppose that the poison is a fungous one, *progressively marching over the soil*, sustained by the rich air and pregnant moisture from the marsh, we can readily suppose that the wall, or the road, or the wood, may limit its progress. Besides this, the spores of all fungi are more or less electrical, and are, therefore, likely to be arrested by the trees of a wood.

"Authors have admitted that malaria appears to act in many instances as if it could exert no power, except when close to the spot where it originated, whilst in other cases, it seems to be wafted to a great distance from its apparent source. If we suppose the existence of germs susceptible of reproduction, and progressive growth, these seeming contradictions fall at once. The interruption of progress by a road or wall justifies this view of the mode of conveyance, and the many facts which show the narrow limits of the poisonous activity, enforce it strongly. The place, the very spot where the disease is found, must reproduce the cause of it for itself, and if the conditions of growth are not present, then will the spot be exempt, even if very near the most poisonous places. Thus may we, and only thus, explain the occurrence of agues, yellow fever, and cholera, on only one side of a house, or one end of a room, or one side of a street, or wall, or road."

Then is considered the effect of dried air. The wood-choppers of Africa building fires near their work to advantage; Lind attributing the greater healthiness of one ship than another "to the location of her cooking apparatus between decks,"—Folchi, a Roman writer, saying that many persons, for years, in the worst parts of the country, live healthy by going in their houses before evening, closing up and warming the rooms, and remaining in doors until after sunrise—and old John Kaye's saying that smiths and cooks are free from the sweating sickness, form the evidence of the fact, and here is the conclusion:—"There is no other poison, save that of the fungi, so far as we know, which is thus disarmed by dryness and heat."

The cryptogamous nature of the fomites by which the yellow fever is often produced, is supposed, and a number of

cases cited to prove that this disease may be carried in trunks and clothes. It is then assumed that there are but two ways of explaining the facts—contagion and fungi. And our author says as the disease is not contagious “there is left but one escape,” fungi grow and propagate in the trunks.

Then the cholera is assumed to be a result of cryptogamous poisoning; and after stating some of the objections to contagion and animalculæ as causes, the author says:

“But if we assume for cholera a fungous origin, all difficulties vanish; and, as in the case of yellow fever, an easy explanation may be given of every apparent incongruity. We have only to suppose, what is known to happen in other cases, that the fungi, on which cholera is assumed to depend, acquire at times as do the germs of some contagious diseases, an unusual power of reproduction and diffusion, a greater potency of expansion. Such germs may be carried by men, and goods, and ships, or may make a slower progress by their own unaided activity, or be scattered by the winds, to regerminate, wherever special conditions are found. Thus can we see why the poison prefers the route of streams, or infests the damp parts of cities; and why classes living in clean apartments in dry districts, suffer so little.

“We can see why women escape better than men, why both cholera and yellow fever, by the natural tendency of the vegetable cause to the organs of generation, almost always cause miscarriage of pregnant women, and why, when a city or country is unhealthy, the fungiferous causes of death, by over-stimulating the organs of reproduction, usually make a compensation by the births, for the unusual mortality.”

With as plastic a cause as this, could not any kind of disease be produced and explained? We have only to *suppose* at times an unusual power of reproduction, and such and such results *may* follow “wherever special conditions are found.”

Who knows that fungi stimulate the organs of generation to greater activity in reproduction? and if no one, where the propriety of making an argument of the supposition? An ar-

ticle on the English Registrar General's Report, in the Medico-Chirurgical Review says the number of births in England was greatly diminished during the prevalence of Cholera.

Our readers will most of them readily call to mind numerous cases of intermittent and remitting fever in pregnant women, without interfering with the function of gestation. In fact, intermittent fever by no means frequently produces abortion. The fungi are known to produce abortion even where they produce no other poisonous effect, as does ergot.

Do not all diseases of the violence of yellow fever and cholera, when attacking pregnant women, generally produce abortions? Most certainly.

The great difficulty in the way of explaining the cause of our malarious fevers, and perhaps of yellow fever, is that a cause cannot be found uniformly present where they prevail, and absent where they do not.

Our author cuts the knot in explaining the extraordinary exemption from fevers of certain localities, as Brazil, New Holland, and the Polynesian Islands, as follows :

"But if we assume the fungous theory as a basis of explanation, we may readily believe, nay, *certainly might know*, that such exceptions are, on the doctrine of chances, to be expected. No plant is everywhere, and such plants as are here alluded to, are especially capricious in habits and actions, according to causes which, though yet unstudied, obviously control them. On our theory, *the occasional exception should be looked for*; on any general chemical, or mechanical, or atmospheric theory, *it is inexplicable*."

Certainly this is ingenious argument: but did it not occur to our author to ascertain whether the healthy localities were actually free from fungi, and the sickly ones uniformly attended by them?—To see if persons spending their time in damp mouldy rooms, where the country was generally healthy, would contract fever or not?

I know a man in this city who has been at work for a year in a small dark damp room where every thing around him has moulded in the course of a day or two at any time during the summer, leather especially became in a short time completely and densely covered, yet he has had no cholera, intermittent or remitting fever. I suppose his exemption can be accounted for "on the doctrine of chances."

Lecture 6th opens with a paragraph on the uncertainty of crops of all manner of vegetation, and shows that the variation is as yet unaccountable, and that the fungi are equally erratic in the manner of their production as shown by "the extension of only one disease or the co-existence of many," the author having assumed that each disease is dependent upon a distinct variety of the fungi.

The sickness of the rainy season in Africa, is explained upon the theory, and it looks very plausible, taken in connexion with the asserted activity of mould, by which leather and clothes are rotted in a few hours. The fungiferous tendency of the volcanic *tufa*, our author thinks, explains the sickness of high and dry volcanic regions.—The porous stone favoring fungous growth so much as to be used for the cultivation of mushrooms for market. The immense consumption of mushrooms in Rome, averaging from 60,000 to 80,000 lbs., is cited to show the fungiferous tendencies of the country. The period of sickness following volcanic eruptions the succeeding year, as asserted by our author, is explained by the fungiferous tendency of the debris from the crater.

Again, the sickness of the seasons of great vegetation, and the exemption of others, is asserted to be the only approach of a cause, to constant coincidence with health and disease.—That the author is correct in this we have not the evidence to prove. The prevalence or non-prevalence of fevers in the West, we know does not corroborate the position, for the summer of 1848 was one of general abundance of crops, and

of almost unprecedented health in the States of Indiana and Illinois.

The book closes with a recapitulation.

Taking it as a whole, the work presents manifest marks of a disposition to try the theory by a comparison with other doctrines, and to show it to be better than any other, instead of testing its truth or error. It is altogether plausible, that by the aid of "the doctrine of chances" the cryptogamous theory may be better than any other for the explanation of the course and character of fevers. But it is a poor apology for building an edifice upon the sand, that some one else built upon quick-sand. The Baconian doctrine has been so much harped upon, and it was almost universally agreed that medicine should be rid of speculation, and the system of drawing conclusions from facts alone be universally adopted, that we wonder at Prof. Mitchell for putting forth his theory until he had gone to the healthy localities, and to the sickly, in our own country, and there observed and tested the truth or error of his hypothesis, before he put it before the world, or taught it to medical students.

As the best addition; and one that almost completes the work, making it explain the causation of fever completely, we quote the following from Prof. Dickson on Malaria, in the N. York Jour. of Med. for Sept. '49:

"Now, if we suppose with Prof. (J. K.) Mitchell, an organized germ of vegetable character introduced, *qua data porta*, into the system, we may well imagine that its growth and multiplication will augment the quantity of deleterious matter into an efficient dose. Thus we account for the incubation of the attack. We further imagine then, either the death of the first generation of fungi, or the elimination of the great mass of them through some of the emunctories, to explain the interval of intermission; and the birth and development of successive generations to render intelligible the long train of tenaciously recurring paroxysms. We imagine too

that the several types of intermittent are owing to the variety of forms of cryptogamous vegetation, some of which propagate in one period and some in another."

Out upon suppositions, imaginations and guess work altogether. The profession has been cursed with them until it requires a nice amount of discrimination to determine what has been observed and what supposed, what is true and what guess work.

If it could be the happy fortune of our science, to have all the suppositions at once stricken from its records, the labor, error, and ignorance of a century would be avoided.

The student that studies suppositions and imaginations, acquires no knowledge that is worth the having, although he may "sometimes pluck a flower, and sometimes find a gem."

But it has become so much the custom to take the opinions and speculations of men eminent in the profession as our author deservedly is, without question or investigation, that they should be more than ordinarily guarded how they talk, lecture and write.

Nor is it a sufficient excuse for advancing "a theory not to be esteemed devoutly true," as the author says of this,* that it is less objectionable than others that are false. The more plausible, the more mischievous the doctrine, unless it be the true one. And even though there be a probability of the truth of a doctrine, this fact is far from justifying us in taking it as a foundation upon which to build a system, or an axiom from which to draw positive inferences. The proposition that there are more false facts than true ones, needs a little variation, and it will challenge contradiction. It is only the substitution of *inferences* for facts. So long as investigations are entered into to prove preconceived opinions or theories, that long will we get wide of the truth, and grope our way in darkness.

The work before us deserves the credit of great ingenuity, which has been awarded to it by most of our cotemporaries. First, it requires ingenuity to make six interesting lectures, or to write 137 octavo pages upon the fungous origin of fevers. Secondly, to collate the facts that bear upon the subject, either positively or apparently. Thirdly, to put the evidence together in such a way as to make the theory bear a plausible aspect. Fourthly, to make even an imperfect theory of malarious fevers in a region where these diseases are rarely to be seen or observed.

The doctrine that a man can investigate and understand, describe and illustrate a thing as well where it is not, as where it is, has been carried to a most ridiculous extent in reference to medical teaching, by those who assert "the gradually increasing feeling, that at least one session ought to be spent in Philadelphia. &c."* E.

ARTICLE V.

A Manual of Auscultation and Percussion.—By M. BARTH, Agrègè to the Faculty of Medicine of Paris, etc., and M. HENRY ROGER, Physician to the *Bureau Centrale* of the Parisian Hospitals, etc. Translated, with Additions, By FRANCIS G. SMITH, M.D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction; one of the Editors of the Medical Examiner, etc., etc. Second Edition. Philadelphia: Lindsay & Blakiston. 1849. pp. 167.—(From the Publishers. For sale by S. C. Griggs & Co.)

This is a neatly printed duodecimo volume of 167 pages; and the first thing that strikes the attention of the reader, is

*Announcement of Jefferson Medical College for 1849-50.

the number of names that stand on the title page to father so small a book. The first sixty pages are devoted to Auscultation of the Respiratory Organs. Nearly every thing of interest in the whole is condensed, however, into the last ten pages, made up of tables taken almost entire from the work of Dr. Walshe. The general directions and explanations of the various sounds are concise, and for the most part judicious. But there are some paragraphs, which though correct enough in part, are nevertheless well calculated to produce an injurious impression on the mind of the student. Thus on page 44 we read as follows:

"The *Cavernous Voice*, like the *the Cavernous Souffle*, indicates the existence of an elliptical dilatation of the bronchi, or a tubercular, purulent, apoplectic, or gangrenous excavation.-- From the rareness of these elliptical bronchial dilatations and pulmonary excavations, independent of phthisis, compared with the frequency of cavities in phthisical subjects, we may conclude that, nine times out of ten, cavernous voice indicates tubercular excavation."

The frequency with which such numerical statements occur as are found in the last paragraph, are well calculated to beget in the mind of the student a false mode of diagnosing disease. It leads him to take for granted, that wherever he finds *cavernous voice*, there is phthisis; while in truth, the comparative frequency of tubercular excavations is of no value whatever in determining the nature of any given disease. For instance, a patient presents himself, and on applying the ear to the chest, we detect a cavernous voice, we thereby simply know a cavity exists; but the fact that tuberculous cavities exist ten times more frequently than any other, does nothing towards proving that the particular cavity here discovered is of that nature. The physical sign proves the existence of the

cavity and nothing else. The nature of the cavity must always be determined by other symptoms and the history of each case. Hence, when the authors say, as on page 35, that, "in consequence of the comparative frequency of *bronchial catarrhs*, and the comparative infrequency of the other morbid condition, in which *sonorousness* or *sibilance* manifest themselves, the *sonorous rôle* announces *almost certainly* an *inflammation* or catarrhal condition of the bronchi;" they assert what is not strictly true of any given case. In the paragraph preceding the one we have quoted, we are told that this sonorous rôle "may be heard in a *great many diseases*, such as inflammations or catarrhs of the bronchi, whether acute or chronic, in pulmonary emphysema, and in the compression of the air tubes by tumours," to which might be added *asthma*, and some other conditions. How then can this rôle alone "*almost certainly*" determine the case to be inflammation? Admit that bronchial inflammation occurs ninety-nine times, to that of asthma, emphysema or tumors once; it does nothing towards proving that the particular case in the hands of the practitioner is not the hundredth one, i. e. asthma or some of the other affections named. Consequently it is just as necessary to examine minutely the history and signs of every case by itself, before presuming on its nature, as though emphysema or asthma were either of them as frequent as catarrh.

It is such statements as we have quoted, that induce many to rely too exclusively on certain physical signs, without connecting them carefully with the whole history of the case. And hence they are so frequently led into error, that others are induced to undervalue physical or auscultatory signs altogether. The next 20 or 30 pages are devoted to auscultation of circulatory organs, the head, abdomen, pelvis and extremities; and all the rest of the book to percussion. The notes added by the translator are numerous and valuable; and on the whole,

it is a convenient and useful little manual, both for the student and the practitioner. N.S.D.

ARTICLE VI.

Clinical Midwifery. Comprising the Histories of Five Hundred and Forty-five Cases of Difficult, Preternatural, and Complicated Labor. With Commentaries.—By ROBERT LEE, M.D., F.R.S., Fellow of the Royal College of Physicians, London; Physician to the British Lying-in Hospital and St. Marylebone Infirmary; Lecturer on Midwifery at St. George's Hospital. First American from the Second London Edition. Philadelphia: Lea & Blanchard. 1849. pp. 238. 12 mo. (From the Publishers. For sale by S. C. Griggs & Co., Chicago.)

This little volume, as its name implies, is entirely taken up with a detail of cases of preter-natural labor. From the peculiar position of the Author, a great number of this description of cases would naturally come under his care; and as every physician should do, he has by keeping a careful record, rendered his great experience subservient to the advantage of his professional brethren, who, although occupying less conspicuous positions, would occasionally meet with a difficult case of labor. Books of this kind present great attractions to the practical man: and serve to show the importance of preserving a written record of all interesting and unusual cases. In this way a physician accumulates materials for a book of the very best kind, and one which is a better substitute for clinical instruction, than anything else we know of.

The cases detailed, extend over a period of fifteen years in the author's experience, and embrace every variety of operative Midwifery, except Hysterotomy, which he seems never to have performed. This little volume is a valuable one, and worthy a place in the library of every practitioner. M.

ARTICLE VII.

The Practice of Surgery: Embracing Minor Surgery and the Application of Dressings, etc., etc., etc.—By JOHN HASTINGS, M.D., U.S.N.; Fellow of the College of Physicians of Philadelphia; Member of the Philadelphia Medical Society; Lecturer on Surgical Anatomy and Operative Surgery, etc. With numerous Illustrations. Philadelphia: Lindsay & Blakiston. 1850. pp. 479. 12 mo. (From the Publishers.)

There are many very excellent text books on Surgery from which the student may choose; and many devoted exclusively to Minor Surgery: nevertheless we think this volume a very useful one. In it the student will find the principles of surgery detailed in a simple and concise manner, and while there are of course many things omitted which are to be found in the larger treatises, he will find sufficient of really practical and valuable information on the subjects of surgical diseases, minor and operative surgery, to render him competent to manage cases that ordinarily come into the hands of the general practitioner. The section devoted to the consideration of Inflammation, embraces a good view of the modern

doctrines and opinions on the subject. The portion devoted to operative surgery is written with great clearness and simplicity; every thing being made as plain as possible to the comprehension of the student. The wood cuts with which it is illustrated are correct and accurate delineations, and add no little to its value. The chapter on Venereal diseases embraces all the modern researches of Ricord, Acton and others; and although containing some opinions which might be subjects of discussion, exhibits about all that is known of this very important class of diseases. Military and Naval surgeons often have a good deal of leisure time on their hands, and are frequently placed in situations where they possess peculiar facilities for observation. Dr. Hastings seems to have turned these advantages to a good account; and the result is a really valuable and instructive volume. The typographical execution of the volume is of a very superior character, and is creditable to the celebrated publishing house from which it emanates.

M.

ARTICLE VIII.

Chemical Analysis, Qualitative and Quantitative.—By HENRY M. NOAD, Lecturer on chemistry at St. George's Hospital; Author of "Lectures on Electricity," "Lectures on Chemistry," etc., etc. With numerous additions by CAMPBELL MORFIT, Practical and Analytic Chemist; Author of "Chemical and Pharmaceutic Manipulations," and co-Editor of the "Encyclopædia of Chemistry." With Illustrations. Philadelphia: Lindsay & Blakiston. 1849. pp. 572. 8 vo. (From the Publishers. For sale by S. C. Griggs & Co., Chicago.)

By *Qualitative Analysis* is meant the demonstration of the substances entering into the composition of a compound body;

and by *Quantitative Analysis*, the amount of each ingredient contained in the analysed substance. To the practical chemist a knowledge of Analysis is indispensable; and we have seen no work which so fully treats of the subject as the one before us. Works on chemistry have greatly multiplied within the last few years; but we do not recollect to have seen any one treating of this particular department of the science. We therefore consider this volume as a valuable addition to our chemical literature. In these days of adulterated drugs, honest apothecaries and physicians who dispense their own medicines need to be on the alert against impositions.—To protect themselves from the arts of fraudulent dealers, requires them to possess a knowledge of Analytic Chemistry; and we know of no work so well calculated to afford them the requisite instruction, as the one before us. The toxicological properties of chemicals are fully treated of, together with their antidotes and modes of detection. In this department the latest discoveries are noted down, together with the most approved modes of testing. We recommend this volume to every intelligent physician, as one that will be of service to him, and from the perusal of which he will derive much pleasure. M.

ARTICLE IX.

Human Anatomy.—By JONES QUAIN, M.D. Edited by RICHARD QUAIN, F.R.S., and WILLIAM SHARPEY, M.D. F.R.S., Professors of Anatomy and Physiology, in University College, London. First American, from the Fifth London Edition. Edited by JOSEPH LEIDY, M.D. With over Five Hundred Illustrations. Philadelphia: Lea & Blanchard. 1849. 2 vols. 8 vo. pp. 1,277. (From the Publishers. For sale by Jos. Keen & Bro., Chicago.)

This is the second large and valuable work on Anatomy which we have had the pleasure of introducing to the notice

of our readers within the year. In this department of science, the student has now a great variety from which to make a selection. In some particulars the present work has advantages over any other. The section devoted to General Anatomy is very extensive and valuable. The description of the arteries is very full, and their variations from the normal mode of distribution is always noted, as well as their surgical relations. The treatise on Osteology is more complete than is to be found in any other work on Anatomy, embracing, as it does, the history of the development of each bone of the skeleton. The muscles, however, though well treated of, are not described with so much minuteness as in the valuable little work of Von Behr.

To those who wish an extensive treatise on Anatomy, we recommend these handsome volumes as the best that have ever issued from the English or American Press. While saying this, we do not by any means wish to undervalue the many other excellent works in this department. As Americans, we feel proud of the excellent and beautiful volume of Dr. Morton, and the works of Profs. Horner and Wistar; all of which are in some respects better for students than the volumes before us. But as a full and systematic work on Anatomy, we apprehend that Quain and Sharpey's Anatomy will come to be regarded as superior to any thing that has preceded it.

As may be supposed, but little was left for the American editor to supply. What he has done, however, is done well. The eminent publishers who have brought out the work, have executed their task in such a manner as to leave nothing to wish for.

We could not give our readers a correct idea of the real value of the work, without furnishing an elaborate analysis.—This our limits forbid. As an illustration of the style in which the work is written, and the fullness of the details with

which it abounds, we quote the following paragraph from the section on Osteology, which we are inclined to regard as the most valuable portion of the work :

Analogy between Cranial Bones and Vertebra.

"Anatomists have at all times perceived and recognised the analogy between the movable and motionless pieces of the spine—between those of the lumbar and dorsal regions, and those of the sacrum and coccyx; in the one, as well as in the other, similar organic developments are observed to exist, variously modified, in order to suit special purposes; but it is only of late years that any adequate attention has been directed to the points of similitude which exist between vertebræ, properly so called, and the cranial bones. Many persons who adopt, without hesitation, the terms false or pelvic vertebræ, as applied to the sacrum and coccyx, feel a repugnance to use false or cranial, as applied to the pieces of the skull; and deny, perhaps, without examination, the analogy upon which it is founded, as being unnatural or far-fetched. We have numerous instances of the harmony that subsists between containing and contained parts throughout the economy; in no case is it more striking than in the relation that obtains between the fundamental part of the osseous structure and the central mass of the nervous system. The spinal canal is accurately adapted in its different parts to the nervous cord which it encloses. In the pelvic region, the canal, at least in the human subject, becomes narrow, as it merely encloses nerves, whilst the body and processes take on a particular development to meet a special purpose, that of forming a basis of support for the rest of the column. This seems to result from the working of what may be termed a principle of compensation in the growth as well as in the action of parts; for when one part of a given whole is developed to excess or to a maximum, others will remain at a minimum or atrophied: thus the spinal canal and the arches are at their minimum in the sacrum and coccyx, for the contained parts are there at a low point of development; but at the opposite end of the column the reverse obtains; the contained parts, viz: the central parts of the nervous system, are evolved in the human subject to the greatest extent, and so must the containing parts also be. The portion of the

osseous system which corresponds with the bodies of the vertebrae can, therefore, hardly be recognised; whilst that which is analogous to the arches is expanded so much as to retain but a slight similitude to them.

If we take the occipital bone, and examine it attentively, we shall readily perceive in it all the elements of a vertebra. The foramen magnum is the counterpart of the ring of a vertebra, and has a similar relation to the spinal cord; the basilar process represents the body; the condyles are true articulating processes; the rough surfaces external to them, and which give attachment to the recti laterales, correspond to the transverse processes; the vertical ridge extended backwards along the median line, from the foramen to the occipital protuberance, is, in the human subject, merely a rudiment of a spinal process; but in the dog, bear, and badger, it forms a sharp prominence well deserving the name of spine, and the likeness is still more striking in osseous fishes: finally, the broad plates on each side of the spine represent the arches. In this view of the matter, the occipital bone forms the first false vertebra of the cranial region.

"In the second cranial piece or vertebra, it must be admitted that the analogies are not so striking; but when we recollect that the cavity of the skull, if examined in the different orders of animals, enlarges in proportion as the brain acquires an increase of development, and that this enlargement attains its maximum in the human subject, we shall at once find sufficient reason to expect that the parts corresponding with the vertebral arches should, in this region, be greatly evolved, while the rest are in a manner atrophied. The parietal bones, with the squamous part of the temporal and the great wings of the sphenoid, taken together, represent the arches, whilst the posterior part of the sphenoid bone, (such as it exists in the human foetus before its ossification is complete, and such as it continues permanently in several lower animals,) is the counterpart of the body, the mastoid processes of the temporal bones with the glenoid fossae serve as transverse and articulating processes. These, together, form the middle cranial piece, which may be termed the spheno-temporo-parietal cranial false vertebra.

"The frontal bone, the ethmoid, and the anterior division of the sphenoid, (which is that part of the body that sustains the smaller wings,) form the third vertebra; the part of the sphenoid just named, together with the crista galli and the

perpendicular plate of the ethmoid bone, form the body, which is here reduced to a rudimentary state, just as the coccygeal bones are at the opposite end of the column, of which it may be considered a repetition. The lateral and expanded parts of the frontal bone are the arches, and the external orbital processes may be likened to transverse processes.

We have here used the term false vertebra as applied to the cranial pieces; perhaps it would be better to use the word zone, as sanctioned by the authority of Cuvier. The passage in which he recognises the principle of the development here indicated, as well as the application of it, (which appears to have been first inculcated by Dumeril, and traced in all its details by Geoffroy Saint-Hilaire) is as follows:—*‘Le crâne se subdivise comme en trois ceintures, formées—l’antérieure par les deux frontaux et l’ethmoïde, l’intermédiaire par les pariétaux et le sphénoïde, la postérieure par l’occipital.’*”

M.

ARTICLE X.

Report on the Practical Operation of the Law relating to the Importation of Adulterated and Spurious Drugs, Medicines, &c.—By M. J. BAILEY, M.D.; Special Examiner of that class of Merchandise in the United States Customs at the Port of New-York. Read before the New-York Academy of Medicine, June 6th, 1849. Published by order of the Academy. From the New-York Journal of Medicine.—(From the Author.)

The law relating to the importation of adulterated drugs has been productive of very important results, as will be seen from the following catalogue of rejected articles, on page 5 of this report:

July, 1848,	7,581 lbs.	Rhubarb root,	from Canton.
August,	750 lbs.	Opium,	do. Marseilles.
do.	2,940 lbs.	Jalap root,	do. Tampico,
do.	2,249 lbs.	Rhubarb root,	do. London.
September,	646 lbs.	do. do.	do. do.
do.	1,414 lbs.	Gamboge,	do. do.
do.	646 lbs.	Rhubarb,	do. Hamburg.
do.	1,400 lbs.	Senna,	do. Leghorn.
do.	2,900 lbs.	Spurious Yellow Bark,	do. Bordeaux.
do.	875 lbs.	Rhubarb,	do. Canton,
do.	758 lbs.	Opium,	do. London.
do.	1,783 oz.	Iodine,	do. do.
do.	1,075 lbs.	Rhubarb,	do. Marseilles.
do.	4,275 lbs.	Jalap,	do. Vera Cruz.
October,	788 lbs.	Rhubarb,	do. London.
do.	227 lbs.	Myrrh,	do. do.
do.	13,120 lbs.	Spurious Yellow Bark,	do. Maracaibo.
do.	1,875 lbs.	do. do. do.	do. Bordeaux,
November,	412 lbs.	Myrrh,	do. London,
do.	1,280 oz.	Iodine,	do. Glasgow,
do.	860 lbs.	Opium,	do. Smyrnia,
do.	185 lbs.	Rhubarb,	do. London.
December,	156 lbs.	Opium,	do. do.
do.	1,065 lbs.	Myrrh,	do. do.
do.	12,800 lbs.	Spurious Yellow Bark,	do. Santa Martha,
do.	392 lbs.	Jalap,	do. Vera Cruz.
January, 1849,	1,300 lbs.	Pectoral Paste,	do. San Juan.
do.	2,071 lbs.	Rhubarb,	do. London.
do.	3,550 lbs.	Jalap,	do. Havana.
do.	1,930 lbs.	Spurious Bark,	do. Antwerp.
February,	974 lbs.	Rhubarb,	do. London.
do.	1,992 oz.	Iodine,	do. do.
March,	1,104 oz.	Croton Oil,	do. do.
do.	4,894 lbs.	Senna,	do. do.
do.	1,345 lbs.	Spurious Bark,	do. do.
do.	404 lbs.	Opium,	do. do.
do.	1,150 lbs.	Valerian root,	do. Paris.
April,	425 lbs.	Opium,	do. London.
do.	1,273 lbs.	Myrrh,	do. do.
do.	550 lbs.	Jalap,	do. Vera Cruz,
do.	816 lbs.	do.	do. Tampico.
do.	1,450 lbs.	Sarsaparilla,	do. do.
do.	600 lbs.	Spurious Bark,	do. Barranquilla.

Having in a great degree got rid of adulterated drugs from abroad, the question arises, how are we to be protected from the operations of fraudulent dealers at home? To remedy this evil, Dr. Bailey suggests that examiners should be appointed to analyse drugs at the various establishments, and to expose through the Medical Journals those which send out spurious articles. This, we think, would but partially remedy the evil. Men who are so unprincipled as to trifle with the health of the people, are sufficiently callous to care nothing for exposure, unless it touches their pockets. As a large proportion of our physicians, to their shame be it spoken—and a majority of the retailers of drugs, never read a Medical Journal, the desired information would not be sufficiently disseminated to reach the evil. We would therefore suggest that each State should pass a law visiting this offence with a heavy pecuniary punishment. In this way only can these knaves be taught that honesty is the best policy. M.

Part 3.—Selections:

ARTICLE I.

Infantile Paroxysmal Convulsions, and their Treatment with Sulphate of Quinine, with Cases.—By HENRY F. CAMPBELL, M.D., Demonstrator of Anatomy in the Medical College of Georgia.

• • • • • From an attentive observation of many cases which our locality so abundantly affords, we are disposed to an opinion, somewhat varying with that inculcated by most reports concerning the time of the occurrence of the infantile convulsions of intermittent fever, viz:—that they more frequently than otherwise, it not invariably, occur at the beginning of the paroxysm, or during the chill, and not at the acme of fever; and consequently, they are not the result of a high degree of vascular excitement as has been, I believe, generally supposed. Now, it is common to find them coming on at a time when there seems to be least disturbance in the nervous or vascular system; for instance, a child will be playing or running about apparently well, when suddenly it is attacked with a violent convulsion, often with others succeeding, and after their subsidence, the case will be found to assume all the features of an ordinary intermittent paroxysm, progressing regularly on to intermission, &c. Indeed the convulsion seems to take the place of the cold stage, and is, so to speak, a chill very much exaggerated, that is the normal innervation which in a subject less favorable, would have produced only a *chill*, here in the extremely mobile and impressible nervous system of a child, gives rise to phenomena of graver and more alarming character, and the paroxysm is ushered in by a *convulsion*. We would here advert to an example which may be considered a transition case between the chill and the convulsion; and develops, to a certain extent, our view regarding the character of the convulsion, and the relation it bears to the paroxysm. E. P., a young woman of nervous temperament and general bad health, aged about 22 years, on the advent of her second paroxysm, was affected

with involuntary contractions in the muscles of the arms and legs. I would not be misapprehended, these were not the ordinary quaking and subsultus of an ague, but of such a marked character as to assume decidedly the form of a convulsion; but not to the extent however of the deprivation of consciousness. She was fully aware when they were about to commence, and would call to her attendants for assistance in preventing their accession; here the ordinary ague-shaking was evidently exaggerated into a true convulsion. On examination by pressure of the spine, we found the dorsal and lumbar regions extremely sensible. On the removal of sinapisms from the legs (where they had been very irrationally applied) to the spine, the convulsions were relieved in a short time, and the administration of Quinine, during the intermission, prevented the return of the paroxysm. As the spinal irritation was of long standing, it was deemed expedient in this case, to apply a blister, a more permanent revulsive.

Thus fully impressed with the analogy between the cold stage and the convulsion, and having, in a few instances, succeeded in arresting the progress of a paroxysm, by the administration of Quinine, even after the commencement of the chill, and finding also, that when it did not entirely succeed in arresting the paroxysm, it generally mitigated its violence, thus disproving the gratuitous and pernicious dogma, that "where Quinine does not cure, it makes worse," we have been induced to use this remedy empirically in several obstinate cases of infantile convulsions of this character. While we report them, with some degree of confidence, as suggestive *experiments*, worthy, perhaps, of further investigation, yet we will not admit for the practice, any thing like established merit, as the cases are too few to deserve more than the credit perchance of exciting *enquiry* into the value of the application.

In the relation of the following cases we have not deemed it necessary, to recount minutely the history of each, as they are, in most respects, but ordinary cases of intermittent fever, and the history of one of them is but the prototype of the others.

Case 1. H. H., a boy, aged 2 years, had had a paroxysm of intermittent fever, previously, while playing about on the floor, was seized with a convulsion, which was quickly succeeded by others, which resisting the ordinary means used for

their relief, we resorted to the administration of Quinine, grs. $2\frac{1}{2}$ every hour till grs. $7\frac{1}{2}$ were taken. The convulsions subsided after the second dose. The calomel, previously given, acted upon the bowels, and the return of the paroxysm was prevented by Quinine given in anticipation next day.

Case 2. Edward Bleese, aged about 6 years, had been the subject of tertian intermittent fever for a week. We were called to see him in a convulsion which came on at the beginning of the paroxysm. When seen, he had had many convulsions. The bowels were emptied by oil and enemata—mustard plasters were applied to the spine, abdomen and extremities, without exerting any controlling influence on the convulsions. The convulsive action was almost incessant.—Ten grains of Quinine were administered at a single dose; in about an hour after, the convulsions became less frequent and finally entirely subsided. The succeeding paroxysm was met with Quinine, and the patient was afterwards treated for worms with very abundant results.

Case 3. A. McGraef, a boy of very delicate and unhealthy appearance, aged about 12 years, was seized with a convulsion on the accession of his third or fourth paroxysm. He had had no treatment previous to this call. Dr. J. L. Watkins, then our pupil, attended the case, and having applied the usual routine of remedies, as sinapism, enemata, pediluvia, &c., the following dose was administered: Quinine grs. 10; Calomel grs. 15. The mustard plasters, pediluvia, &c., were continued with the application of cold to the head, and 5 grains of Quinine were given in an hour after the first dose. The convulsions ceased in about half an hour after the administration of the medicine. The sweating stage quickly succeeded, and on the next day the boy was apparently as well as ever. Of course more than the ordinary caution was observed to prevent another paroxysm, by Quinine the next day.

We also constantly remark, that these convulsions are found to attend the hebdomadal relapses of the paroxysmal fever, upon which they depend, as the following will show:

Case 4. S., a child, aged $2\frac{1}{2}$ years, of excellent general health and ruddy appearance, was taken at the first paroxysm with a convulsion, while apparently quite well. When we saw this case, the convulsions had continued for more than an hour with but short intermissions. After ascertaining that the child had not lately taken any crude ingesta that required

removal, we administered of Hyd. Chlor. Mit. 6 grains; Quinine 8 grains, in one powder. The convulsions ceased in about an hour after this dose, and on the operation of the calomel, the fever subsided and the case regularly proceeded through phases of an ordinary infantile intermitten, and was subsequently treated accordingly. In about three weeks after, a relapse occurred attended with convulsions. The Quinine was given in a single dose of 5 grains in combination with calomel. The douche to the head and sinapisms to the spine were also applied. The Quinine was here given earlier, and the case was of shorter duration than before.

We could here advert to other cases, one occurring under the observation of our friend Dr. L. D. Ford, of this city, wherein the hebdomadal return of the paroxysm is invariably attended with a convulsion in its approach, and another similar one, in our own practice, wherein the administration of minute doses of Fowler's solution in the interval prevented the paroxysm and the attending convulsion, but our limits will not admit of their full report.

Above we have given a faithful, though not a minute recountal of four cases of convulsions, treated with the sulphate of Quinine during the attack. We are free to admit with due candor, that they are far from conclusive; their paucity, as well as the mixed treatment to which such cases must necessarily be subjected, detract much from their weight, and render us cautious in our opinion of their results. We are aware that our opinion, the opinion of medical men generally, respecting the effect of their remedies, is apt to be influenced by prejudice, and determined by *à priori* conclusions, and should be treated by the profession with some degree of distrust, but still, as we have before remarked, we would attach some little importance to the results of our observations on this mode of practice, and although we cannot recommend Quinine as an only remedy to be depended on in the treatment of this class of infantile convulsions, we cherish the hope that this report, imperfect as it is, may instigate further investigation on this subject, so important to the profession and to the world.—*Southern Med. and Surg. Journal.*

ARTICLE II.

Cincinnati Homœopathy, under Allopathic Treatment.—The following candid and fearless *expose* of Homœopathic knavery, as practised by the apostles of that system in Cincinnati, is taken from the columns of the "Methodist Expositor," of that city. It is from the pen of its talented Editor, Dr. Latta, who has in this communication done essential service to the cause of humanity, and for the bold stand he has taken against that species of quackery, deserves the thanks of the entire profession. It will be read with the deepest interest.—*Ohio Med. and Surg. Journal.*

HOMŒOPATHIC TRUMPET—AN UNCERTAIN SOUND.

"If the trumpet give an uncertain sound, who shall prepare himself to the battle."

In ancient time, the trumpet was employed for a few important purposes only. The Lord commanded Moses to make two trumpets of beaten silver, to call the people together, when about to decamp; see Numbers, chap. x. They were also used to proclaim the beginning of the civil and Sabbatical years, and the commencement of the year of jubilee: Leviticus, chap. xxv.

At first there were but two trumpets; but in after times they were greatly multiplied. In the days of Joshua there were seven trumpets. At the dedication of Solomon's temple, six score priests sounded as many trumpets. At still later periods they have been employed for war purposes. While in modern times, it seems, dinner horns and common newspapers have been substituted, for the purpose of claiming public attention. And, indeed, many of our own day have become their own trumpeters, making, often, very uncertain sounds. As a remarkable instance of this sort, we invite attention to an extract from the bulletin of Doctors J. H. Pulte and B. Ehrmann, of this city, that appeared in the Daily Times of the 13th inst., which is certainly the loudest blast of the trumpet that has been sounded since the falling of the walls of Jerico, where ram's horns were employed. Indeed, it is possible that this scripture incident had a powerful influ-

ence on these Homœopathic gentlemen, in the selection of a trumpet, as a medium of communication; but still we fear that their trumpet has given an uncertain sound. Their reports of cholera and of cures are so extravagant, that few are disposed to believe them, while thousands in this community unhesitatingly pronounce them false.

The following is the extract from their report:

"We have treated," says Drs. Pulte and Ehrmann, "from the 1st May to the 1st August, inst., 1,116 cholera patients, of which 538 exhibited the symptoms of vomiting, diarrhoea, and cramps, including a great many, from 60 to 70, in deep state of collapse—the balance, 578, had the symptoms of vomiting and rice-water discharges, and were prevented from running into a higher stage of the disease by early applications of the proper medicines.

"Of the collapse cases, a great many were cured, the success depending upon the medicines given in the early stages. In those improperly treated, by opiates particularly, our success was difficult; but in cases where the patient was treated at first, by camphor alone, or where he went immediately into collapse, after being attacked, the result was very favorable.

"Of the 1,116 cholera patients, 474 were Americans, and 642 Germans, including a few Irish; the mortality of the whole number was 35, of which 2 were Americans and 33 Germans. Of the latter not one-half should have died, but from their carelessness of diet, and want of knowledge of the insidious character of this disease. We counted among those who died, all of which we had attended ourselves, even if we were called at too late a time to be of real use.

"Besides the above 1,116 cholera patients, we treated, during the same time, 1,350 cases of a mixed character, mostly diarrhoeas with rumbling in the bowels (cholerina,) and towards the close of the epidemic, a great number of dysenteries, some of which were of a very malignant character (we lost none of them however,) also a good many nervous fever with typhoid tendency.

"To verify the above statement, we have made out a complete list of all the cholera cases, with names and dates, for reference, at any time when required.

"The principal remedy used in the beginning of cholera was camphora, the tincture of which was prepared in the proportion of one part of the gum to six parts of alcohol, as advised by Hahnemann himself, who first recommended this remedy

in 1829. The dose in which it was applied, was equal to one or two drops every five minutes, for one or one and a half hour, until profuse perspiration ensued. During this time, the patient had to be well covered, and in most cases the camphor alone produced a complete cure without the help of any other remedies.

"If, however, it did not, because the second stage of the disease had appeared, *veratrum* and *cuprum* were used, especially against cramps, also *secale cornutum* (ergot) particularly in elderly individuals; and in cases of collapse, *carbo* (vegetabilis coal,) and *arsenicum*, the two latter in the 30th dilution."

In noticing the above, we do not design to discuss the merits of Homœopathy as a system of practice. This is not the province of a religious Journal. It is the moral and the propriety of the report with which we have to do. Professional men, above all others, are expected to conform to the rules of propriety, and morality, and in both of these respects we think the above is at fault. First, it is undignified and unprofessional to appear in the public prints in praise of one's self, and a regular physician who would do it, would not be respected or recognized by the profession. It is a method adopted by quacks, and nostrum sellers, and has always been looked upon with contempt by professional men. And to say no more, it is so immodest that we doubt whether an American could make a report of this sort, without incurring the universal disapprobation of the community; and it has yet to be tested whether the community will tolerate this kind of outrage upon the rules of propriety, even by foreigners—Germans, who, for the sake of gain, thus rudely attempt to sound their own trumpet in the public ear.

We object to the above report of Drs. Pulte and Ehrmann, secondly, because it is immoral.

First. They profess to have been practicing homœopathy, for the cure of cholera and other diseases, when in fact, according to their own showing, they have adopted the allopathic treatment universally. The principle remedy employed, according to their own statement, was the strongest tincture of camphor in a dose of one or two drops every five minutes; and in some instances, we have known the homœopaths to administer from three to five drops every three minutes, which was equal to from fifteen to twenty grains of camphor

every hour. Now it is known to every regular physician that this is a total abandonment of the principles of homœopathy. "*Similia similibus curantur*:" that which will produce the disease will cure it, is the great fundamental principle upon which the system is founded. Had they acted in harmony with this pretension, they would have given to their cholera patients something which would have produced purging and vomiting, such as ipecac, tartar emetic, etc. But alas, instead of this we find them employing camphor, and that too in larger doses than it is administered by most of their allopathic neighbors. But who, we ask, ever heard that camphor was emetic and cathartic.

The infinitesimal doses, as well as the fundamental principle, according to the showing of Drs. Pulte and Ehrmann, have been abandoned, and yet they ascribe their cures to homœopathy. We doubt whether they will succeed in gulling the intelligent in the community much longer by a system of quackery so palpably absurd—so grossly immoral. We have no doubt that camphor, administered in ten or twenty grain doses, would secure a reasonable share of success, whether employed by homœopathic or allopathic practitioners. It is known to community, that regular physicians have always relied upon the use of camphor in this disease to a great extent, in much smaller doses than those prescribed by the Homœopaths, and hence if the latter have been successful, it is obviously, (if their own statements can be relied upon) by the use of allopathic remedies, and not by infinitesimal doses of medicines, as they would have it understood. These gentlemen seem to have abandoned Hahnemann's theory, that "the hair of the dog would cure the bite."

It is grossly immoral, we think, to practice such a deception upon community. We have long believed that homœopathic doctors were practicing allopathy in disguise—employing the "samspons" of the system, such as calomel, corrosive sublimate, arsenic, camphor, belladonna, pulsatilla, and many other powerful articles, in full doses—but now we have proof which sets the question forever at rest.

It is also notorious, that during the progress of the cholera, these gentlemen homœopaths have been equally unfortunate with the regulars, in producing salivation, and of this we shall furnish proof whenever called for. Calomel, it may be, was not the agent generally employed; corrosive sublimate being a more powerful agent, and capable of solution, was preferred,

and this we have found at the bedside of the sick, more than once during the prevalence of the epidemic in this city.

Heretofore we have been disposed to pity rather than censure some of those engaged in practice of homœopathy, believing them the dupes of a theory the most ridiculously absurd; but to our surprise and mortification, we find that we, rather than they, were duped by the false pretensions of those who practice it. For, instead of giving infinitesimal doses of medicines, as we supposed, which would produce the disease for which they were prescribed, we find them adopting the very same treatment employed by the regular profession. In this, we confess, we have been prodigiously gulled by these pretenders, and most cheerfully award to them a degree of cunning more than equal to the moral of the transaction.

Second. We object to the report of Drs. Pulte and Ehrmann, because it is immoral in its statement of facts. They affirm that they have treated four hundred and seventy-four cases of cholera among Americans since the first of May, and that but two out of the whole number have died. If this were true, as above remarked, the glory would not redound to homœopathy, as these gentlemen would have it, but to allopathy—to regular remedies, in full doses, as they themselves have made manifest in the report now under consideration. But alas for both systems, the report is not true.

We know not what number of cases they may have had; but that more have died than are reported by these gentlemen is absolutely certain. In the range of our observation and acquaintance, not less than nine, instead of two Americans are reported to have died in their hands, which is probably not one-tenth of the whole number they have lost. In making this statement, we speak advisedly, in that we have had these cases reported to us by responsible individuals, giving the names and residences of the Americans who have died under their treatment, whose names and residences will be given, if this statement should be contradicted by the parties concerned.

Now, if these homœopathic doctors are so inaccurate in their reports of cures, what reliance can be placed upon their statements in any case in which their interests are involved? Who can believe their representations either with respect to their mode of treatment or their success?

We can scarcely conceive of a higher degree of immorality than that of deceiving community, with respect to the best

means of preserving their health and their lives, and yet this seems to have been the part acted by the homœopathic doctors.

We regret exceedingly that we are called upon to make this *expose*; but, as public journalists, we felt that we could not do otherwise, without a criminal neglect of duty. For if nine cases have come within the range of our own observation, and those with whom we are associated, it is fair to conclude that the mortality attending the practice of these gentlemen is ten if not twenty times as great as they have reported it. But as we are not personally cognizant of all the facts stated, and as it is possible that some mistakes may have been made by our reporters, we shall most cheerfully permit the said Drs. Pulte and Ehrmann to be heard in self-defence in our columns, with respect to any fact stated in this article.

The God whom we serve knows that we would not do them injustice in any respect, and we are therefore willing to allow them the privilege proposed above, at the same time assuring them, and all others, that if subsequent events or facts should prove that we are in error, we will most cheerfully correct it.

Meanwhile we shall expect to learn more as to the results of their practice, both as it respects Americans and Germans, which it may not be necessary to publish should our present statement not be contradicted. But in the event of contradiction, either directly or indirectly, we assure all concerned, that the names and residences of those who have been alluded to, as having died under their treatment, will be forthcoming, with the names and residences of all others who may be reported hereafter.

Thus far the medical profession have kept silent; but really this last attempt of the homœopathists and others, to make them responsible for the thousands who have died during the epidemic, is beyond endurance; when in truth their accusers, of all others, have been least successful, especially the homœopathists, who have been crippled in the use of regular allopathic means, by attempting to conceal them.

We have reported above, nine cases of American patients who have died in their hands, on what we conceive to be reliable authority, while, in fact, we have no doubt ninety-nine Americans and more have fallen victims to the cupidity of these distinguished homœopathists, while hundreds, if not thousands, of Germans have perished by relying upon two

and a half and five dollar boxes of cholera preventives, which these gentlemen induced them to believe would be all that was needed to save them from its ravages. But of this we may have occasion to speak hereafter.

ARTICLE III.

Nux Vomica in Intestinal Obstructions.—It is notorious that certain obstinate cases of intestinal obstruction owe their difficulty to our ignorance of their cause; equally notorious that our practice is often empirical. In the "Transactions of the Medical Society of Rouliers," Dr. Oussieur has communicated some valuable information concerning the use of nux vomica in such cases. He says it produces a degree of excitement, more or less energetic, where there is deficient intestinal innervation, which often restores them to their natural action.—Assuming this—and the fact is undisputed—we cannot refuse our assent to the doctrine that the medicine may act upon the muscular fibres of the intestines as it does on the muscles generally. In support of this view, Dr. Ossieur refers to the action of nux vomica in chronic catarrh, with relaxation of the mucous membrane, to lead colic, to prolapsus ani in children, and to atonic diarrhœa. He relates two cases of obstinate constipation, which, resisting all other means, yielded at once to the nux vomica.—*Medical Times*, May 26, 1849.

ARTICLE IV.

Free Medical Schools.—[From the Boston Med. & Surg. Jour.]—The gentleman who has the credit of being the originator of the American Medical Association, N. S. Davis, M.D., now of the Rush Medical College, Chicago, has presented another great thought for consideration, which should command the attention of those who deplore the increase of quackery in these United States. Because the expense of a medical education is now burthensome, and annually becoming more so, interlopers are multiplying, and fast gaining in numbers and resources; in short, quackery of every possible grade thrives exceedingly. A mortifying fact in connection with this state of things is, that the people everywhere patronize this class of practitioners, notwithstanding their ignorance, Vol. II, No. 4.—5.

misrepresentations and utter incapacity in the management of diseases. All this is matter of universal notoriety; but it is useless to apologize for those intelligent persons in the community who countenance such speculations on health, or to reason with any class of people upon the evil consequences that have an origin from this prolific source. Quackery exists, and stares us boldly and unblushingly in the face—and the question is, What is to be done? Mr. Davis says free medical schools must be organized. Here is his own language, cogent and truthful too. Speaking of the expensive character of the schools in general, he says—"It contributes to the general prevalence of quackery, by inducing many, who, in a free country, are determined to be doctors at all hazards, to embrace some of the numerous special systems that can be learned in a week or a month, instead of attempting to encounter the embarrassments of a full and regular course. And that it greatly limits the amount of medical knowledge and consequent skill, which a very large proportion of those who enter the profession are desirous of obtaining, is too evident to require a word. Hence, in whatever aspect we view the subject, candor compels us to acknowledge that the present system of medical instruction is alike injurious to the schools, unjust and embarrassing to the profession, and greatly detrimental to the best interests of the whole community." In accordance with the doctrine he inculcates, three of the faculty of the Rush Medical College give their lectures entirely free of charge to all the regularly matriculated students of that institution. It will soon become Rush College, in more senses than one—for there will be an avalanche of young men rushing to Chicago, where knowledge is had for asking; like the tide of emigrants to California, where gold is supposed to be had by simply picking it up.

We foresee that this extraordinary development will lead to a revolutionary movement in places which have been considered as firm as the hills. A modifying policy must be pursued, or there will be smaller classes in other schools, when this new idea is thoroughly abroad, than have been known since the days of their formation. Young gentlemen may go to Chicago, and have all and every advantage which a thrifty, chartered college can command, without money and without price. On this new plan, neither begging, nor certificates of poverty, are to be required to gain admission. The rich and the poor will be on the same level—they may hear, see and improve, without paying or feeling under obligations either to the faculty or the State.

Part 4.—Editorial.

ARTICLE 1.

MEDICAL SOCIETIES.

Central Wabash Medical Society.—This Society was organized in Williamsport, Indiana, on 11th May last, by adopting a constitution and by-laws, and electing James H. Buell, President; C. V. Jones, Vice-President; Benj. H. Boyd, Secretary; Asa Bigelow, Treasurer; F. Irish, D. K. Hays and S. W. Ritchey, Censors.

"Its members are physicians of Fountain, Warren, and the adjoining counties. Its meetings are held semi-annually on the second Wednesdays of May and November. The object, mutual improvement in the Science of medicine; and its collateral branches. It has been commenced with spirit, and promises success."

The above is furnished for our pages by the intelligent President of the Society, to whom we return our thanks.—From an intimate acquaintance with a number of the gentlemen composing the membership of this association, whom we know to be men of talents, and of the highest respectability in the profession, we shall expect it to be highly interesting and eminently useful.

Peoria District Medical Society.—We observe by a notice in the papers that a Semi-Annual Meeting of this spirited Association is to be held in Peoria on the 13th of November inst. From its number of able members, and the zeal with which it has hitherto been supported, we look for a highly beneficial influence to be exerted by each Meeting of this body. Business of the utmost importance to the Profession it is said will be brought before the approaching session.

Æsculapean Society.—We a few days ago came in possession of the proceedings of the Annual Meeting of this Society, held in Russellville, Ills., on the 6th of Nov. 1848, nearly one year ago. We are highly pleased with the minutes, from which we observe our friends read essays, make public addresses, and receive reports from committees. Of the essays our readers will be better able to judge after reading the next few numbers of our Journal. Of the speeches we have no means of giving information. Of the reports of committees, we notice the following:

"The committee 'appointed to take such notice of one ———, M.D., steamer, as in their opinion he deserved,' reported 'said ———, is unworthy of any notice by your committee or society.'"

"Dr. C. M. Hamilton was elected president; Dr. J. R. Wynn 1st Vice-President; Dr. N. Hawley 2d Vice-President; Dr. J. M. Logan Sec'y; Dr. W. B. Norton Treasurer; Drs. S. Thompson, E. C. Banks, and J. R. Craig, Censors."

We hope hereafter to enrich the pages of our Journal with such papers of interest to the profession, as may be read before this Society, and return thanks for the favor already shown us.

We hope all our medical societies will be careful to be represented in the American Medical Association, which is to meet in Cincinnati on the the first Tuesday in May next.—Each organized society is entitled to one delegate for every 10 members, and one for any fractional number over five.

ARTICLE II.

Free Medical Schools.—The opening lecture for the present session of Rush Medical College, by Prof. N. S. Davis, announces the policy determined upon by the faculty of the In-

stitution, which is an important reform in the system of Medical Education, contemplating the entire abolition of the professor's ticket fees. To show their sincerity, a commencement of the work was made at once, and to a large class that assembled expecting to pay for all the tickets, as heretofore: those of three of the chairs were given without charge.

The reform is proposed to be carried to other chairs from time to time, as provisions can be made that will justify it, until the design of making the School free is accomplished.

The arguments of Prof. Davis in favor of this policy are quoted below, from the published address, that our readers may judge of their cogency; with which we close this notice, promising to take up the subject again hereafter:

"The fourth obstacle in the way of a more thorough and complete system of medical education, is the inordinate expense which it imposes on the student. It is a well known fact that few young men possessed of wealth, either in hand or in prospect from their parents, make choice of the responsible and exceedingly toilsome profession of medicine. Hence, four-fifths of all those who commence the study of our profession, are compelled from necessity to practice the most rigid economy, and very many of them pledge a portion of their future earnings, to enable them to comply with the requisitions for graduation.

The evils resulting from this are manifold and serious:

First, It absolutely compels many to resort to those country schools where lecture fees and board are the *cheapest*, let their facilities for imparting practical instruction be ever so limited. And this again fosters another evil, in preventing the schools themselves from depending for patronage wholly on their merits as institutions of sound medical learning.

Second, It compels the student to graduate at the earliest practicable moment—in other words, to make the whole period of his medical studies as short as possible. And in many sections of the country, it compels large numbers to enter into practice before they are even eligible to graduation. Many have supposed that the present high charges for medical instruction tended to limit the number who entered on its study, and thereby to give character and dignity to the profession.—

And this would doubtless be the result to some extent, if the number of medical schools were also limited, and their published terms, in all respects, rigidly adhered to in practice.— But from the very nature of things it is impossible to build up a professional aristocracy in this country; and hence, so far is the present system from having the effect represented, that it tends directly to cause a multiplication of schools, especially in those locations where they can present to the student the advantages of cheap board, and a slight reduction in the price of tickets, without any reference to other and more important advantages. For it is well known that with the present rate of charges, wherever from fifty to one hundred students can be congregated, it is an object for the Faculty to maintain a school. And yet this very multiplication of schools so increases the competition that very few of them receive as liberal a support as they would with lower charges and less rivalry. Hence we contend that the present system is directly injurious, both in regard to the number and character of the schools themselves.

Third, The expenses at present imposed on the student are entirely out of proportion to the emoluments afterwards resulting from his practice. It is well known that the ordinary period of three years study, and two courses of lectures will seldom require less than an expenditure of from seven hundred to one thousand dollars; while the subsequent actual emoluments from practice, will scarcely equal those resulting from almost any of the mechanic arts. We refer now to the great mass of practitioners and not to the occasional exceptions found in some of our larger towns and cities. This assertion may surprise some of you, but it is the result of careful observation, in a section of country where I am intimately acquainted with a large number of practitioners; some of whom have practiced extensively more than thirty years, and have not accumulated an average of one hundred dollars per annum over their expenses, while many others have really accumulated nothing at all, except an abundance of bad debts.— Hence we may safely assume that it requires an average of from seven to ten years of the practitioner's life to regain the amount he sacrificed, in time and money, to acquire a knowledge of his profession. Again, the legal profession generally receive two or three times as much for the same amount of time and labor, while the expense of gaining admittance into it, is not one quarter as much as into the medical. In what-

ever light then we view the subject, it appears evident that the cost of a medical education is unreasonably great. Some may contend that we degrade the profession by thus viewing it strictly in the aspect of pecuniary loss and gain. Such tell us that the profession of medicine is, in its very nature, eminently benevolent and humane, and that its members should be actuated in practice by higher and holier motives, than those which look to mere pecuniary rewards. We not only grant all this, but we claim, that whatever the motives of the practitioner may be, the practical result is that a very large proportion of all his earnings go wholly unpaid—consequently he is practically benevolent far beyond any other class of men, whether he wills it or no. But this, so far from constituting an argument in favor of compelling him to submit to an expensive system of medical instruction, appeals, with overwhelming force, in favor of making his medical education *free* altogether. For that would certainly be a novel mode of reasoning which could show that a body of men ought to pay from seven hundred to one thousand dollars each, for the noble purpose of learning how to spend the rest of their days in acts of benevolence and charity to their fellow men. On the contrary, it would not be difficult to show that the people of every State actually *owe* to the profession far more than enough to educate every student who seeks admission into our ranks. It has been estimated, for instance, that there are forty thousand practitioners in the United States; but grant this to be exaggerated, and that the number actually engaged in practice is only twenty-five thousand; if each of these give only one hundred dollars worth of his labor annually to the poor, gratuitously, (which is very far beneath the actual average) it makes the enormous sum of two million five hundred thousand dollars, which is actually so much indebtedness of the public to the profession. The actual number of medical students attending the various medical schools in our country, is about four thousand; and it will be readily seen that the foregoing indebtedness is doubly sufficient to pay their annual expenses. Hence we contend that every State of this glorious Union justly and honorably owes to the Profession the free education of all its members. But there is still another aspect in which this subject has been viewed.

Dr. Alex. H. Stevens, of New York, late President of the American Medical Association, in an elaborate address before the Medical Society of the State of New York, and the mem-

bers of the Legislature of that State, entered into an interesting and well founded estimate to show that diminution of the expenses of a medical education, so far as to give every student, properly qualified by preliminary education, free access to our medical colleges, would, by enabling them to devote a longer period of time to study, and consequently to acquire more knowledge and greater skill in the treatment of diseases and injuries, so increase the average duration of life in the community, as to be equivalent to the addition of \$1,125,000 to the aggregate wealth of that State.

Hence, he makes a strong appeal to the Legislators of that great State, so to endow her medical colleges that the lecture fees may be entirely abolished. And this is doubtless the only sound and economical policy for every State in the Union to pursue.

Finally, The present expensive system not only contributes much to the general prevalence of all forms of quackery, but by compelling a large proportion of regular students to accept of a very limited amount of medical knowledge—it fosters a class in the profession which serves the same purpose in the medical, that the zoophyte or sponge does in the animal world, viz: to form the connecting link between the truly enlightened portion of the profession and the downright quack, thereby rendering it impossible for the community to draw a well defined line of distinction between the two. It contributes to the general prevalence of quackery by inducing many, who, in this free country, are determined to be “doctors,” at all hazards, to embrace some one of the numerous special systems that can be learned in a week, or a month, instead of attempting to encounter the embarrassments of a full and regular course. And that it greatly limits the amount of medical knowledge and consequent skill, which, a very large proportion of those who enter the profession, are desirous of obtaining, is too evident to require a word of comment. Hence, in whatever aspect we view the subject, candor compels us to acknowledge that the present system of medical instruction is alike injurious to the schools, unjust and embarrassing to the profession, and greatly detrimental to the best interests of the whole community.”

ARTICLE III.

OBITUARY.

DIED.—On the 7th Sept., of phthisis, Jno. Butterfield, M.D., Professor of the Principles and Practice of Medicine in the Starling Medical College of Columbus, Ohio, and one of the Editors of the Ohio Med. and Surg. Journal, one of the most able Medical Periodicals in the country. In the face of obstacles presented by a feeble constitution. Prof. Butterfield attained an honorable eminence in the Profession, and we deeply deplore his removal from among us, in the prime of his years and usefulness.

On the 18th August, at the early age of 31, Jno. E. McNairy, M.D., Superintendent of the Lunatic Asylum of the State of Tennessee.

ARTICLE IV.

MISCELLANEOUS INTELLIGENCE.

Illinois General Hospital of the Lake.—We are gratified to be able to announce the passage by the recent Extra Session of the State Legislature of Illinois, a bill chartering the above named benevolent Institution. The provisions of the charter are liberal, and it is expected that arrangements will be made to put it into operation at an early day.

Chicago Marine Hospital.—The foundation of this noble Institution has been laid, and the walls will go up early next spring.

State Medical Convention.—Just as our last form is going to press, too late for insertion, we have received a communication from Dr. E. A. Guilbert, Secretary of the Ottawa Medical Society, notifying us of a change of the time of meeting to the

first Monday in May next. As this will be the day before the next meeting of the National Medical Association in Cincinnati, we hope the call has not yet been made general. A large number of the members of the profession who would take an active interest in the State Convention, would still prefer to attend the great National Meeting at Cincinnati. We would suggest to the Society the first Tuesday in June next as a good time for the State Convention, and promise to give the influence of our Journal to the enterprise.

Indiana Central Medical College.—This Institution is announced to go into operation on the first Monday of the present month, under the auspices of the following Faculty:—Obstetrics, &c., Geo. W. Mears, M. D.; Theory and Practice, L. Dunlap, M. D.; Anatomy, Jno. S. Bobbs, M. D.; Physiology and Pathology, R. Curran, M. D.; Surgery, A. H. Baker, M. D.; Materia Medica, &c., Jas. S. Harrison, M. D.; Chemistry, Ch. G. Downey, A. M.; Demonstrator of Anatomy, David Funkhouser, M. D.

Medical College of Evansville.—We notice this institution is advertised to go into operation on the first Monday in the present month, under the direction of the following faculty:—Anatomy, C. S. Weaver, M. D.; Chemistry, C. A. Foster, A. M.; Mat. Med., J. R. Wilcox, M. D.; Surgery, M. J. Bray, M. D.; Practice, L. S. Laycock, M. D.; Obstetrics, &c., Geo. B. Walker, M. D. Fees: Profs. Tickets, \$10 00 each.

This is the third Medical School now in operation in Indiana, one being located at each extreme, and one in the centre of the State.

Rock Island Medical School.—The location of this School has been changed to Davenport, Iowa, and its style and designation altered to the "College of Physicians and Surgeons of the Upper Mississippi."

Franklin Medical College is announced to go into operation the present Autumn, at St. Louis.